

DD

## Nebraska Child Support Payment Center

## DIRECT DEPOSIT (DD) AUTHORIZATION FORM

You can complete this form online by signing into the NCSPC website ([childsupport.nebraska.gov/cp](http://childsupport.nebraska.gov/cp)) **WITHOUT HAVING TO PROVIDE ONE OF THE REQUIRED ITEMS LISTED BELOW <-- OR -->** you can complete this form (**AND PROVIDE ONE OF THE REQUIRED ITEMS LISTED BELOW**) and return it to the NCSPC - **Attn:** Customer Service - via one of the following methods:

**Email:** [nst.sdifax@nebraska.gov](mailto:nst.sdifax@nebraska.gov) | **Fax:** 402-471-1193 | **Mail:** PO Box 83306, Lincoln, NE 68501-3306

If you're not doing this online by signing into the NCSPC website, and you're submitting this form (via email, fax, or mail), **YOU MUST PROVIDE ONE OF THE FOLLOWING REQUIRED ITEMS:** 1.) A voided check, or a copy of a voided check. 2.) A bank specification sheet. 3.) Have a bank representative complete the Bank Information section below.

Any change of bank account information submitted VIA MAIL must be submitted at least 10 business days prior to any pending transactions. Any change of bank account information must be submitted at least 3 days prior to the next transaction day when submitting via the website, email, or fax.

Please contact **NCSPC Customer Service** with any questions at: **1-877-631-9973, option 3**

	Reason			Account Type	
ARP ID: _____	New	Change	Cancel	Checking	Savings
Name: _____	Date of Birth: _____				
Address: _____					
City: _____		State: _____		Zip: _____	
Email: _____			Last 4 of SSN: _____		
Home Phone: _____		Cell: _____		Daytime Phone: _____	
Payment Notifications:      Email (Requires email address above)      Text (Requires cell phone number above)					

**Bank Information - A bank representative must provide the following information.**

It is the financial institution's responsibility to assure the accuracy of the following banking information.

Account Number: _____	Bank Rep's Title: _____
Routing Number: _____	Printed Name: _____
Bank Name: _____	Bank Rep's Signature: _____
City: _____ State: _____	Date: _____

I authorize the Nebraska Child Support Payment Center (NCSPC) to initiate a direct deposit of my child/spousal support payments. I acknowledge that the origination of these transactions to my account must comply with United States Law. I further authorize the NCSPC to initiate debit entries to my account as may be necessary to correct any erroneous credit entry initiated.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date