

NCSPC DIRECT DEPOSIT AUTHORIZATION FORM

Please type or print everything except signatures.

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

Please complete the following if attaching a voided check or a photocopy of a voided check.

I authorize the Nebraska Child Support Payment Center (NCSPC) to initiate a direct deposit of my child/spousal support payments.

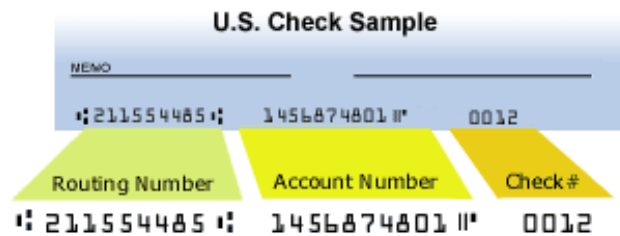
Routing Number: _____ Account Number: _____
(At the bottom of your check, number string on left - 9-digit number)

Bank Name: _____ City: _____ State: _____

If you make a change in your bank information, you must notify the NCSPC (877-631-9973 option 3) and complete a new authorization form. Notice must be given at least 10 business days prior to any pending transactions. If notifying of a change in bank information over the Internet (childsupport.nebraska.gov), notification must take place two business days prior to the next transaction in order to change or stop a payment in progress.

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



>>> PLEASE ATTACH A VOIDED CHECK <<<
 >>> OR A PHOTO COPY OF A VOIDED CHECK <<<

Please have your bank complete the following if you are not attaching a voided check, a photocopy of a voided check, or if you have your payment deposited into a savings account.

It is the Financial Institutes responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the NCSPC at 877-631-9973 option 3.	
Account Number: _____	Bank Employee's Signature: _____
Routing Number: _____	Printed Name: _____
Bank Name: _____	Bank Employee's Title: _____
City: _____ State: _____	Date: _____

Return to the NCSPC: PO Box 83306, Lincoln, NE 68501-3306 or fax to: 402-471-1342 Attn: Customer Service