



Nebraska Child Support Payment Center

AUTOMATIC WITHDRAWAL (AW) AUTHORIZATION FORM

You can configure auto withdrawals online by signing into the NCSPC website (childsupport.nebraska.gov/ncp) **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.sdufax@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 and/or AW information submitted VIA MAIL must be submitted at least 10 business days prior to any pending transactions. Any change of bank account and/or AW 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: _____	
Billing 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.

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

Auto Withdrawal(s) Configuration - Set AW(s) - Frequencies: Single One-Time, Weekly, Bi-Weekly (every 14 days), & Monthly

Amount	Frequency	Start 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