**Direct Deposit Authorization Form**

**Please check one of the following boxes; you MUST indicate which action you are requesting.**

☐ **This is a NEW direct deposit application.**

☐ **This is a CHANGE in the direct deposit of my support payments to the account identified below.**

**Name**_____
**(First) (MI) (Last)**

**Case Number** _____

**Home Phone** _____ **Work Phone** _____

**Bank/Branch Name** _____

**Branch Phone Number**_____

**Type of Account:**

☐ **Checking: Include a voided blank check from the checking account into which the direct deposit will be made. Starter checks are not accepted. Your name must appear on the check and on the account. The name that appears on the account must match the name as it appears on your child support case.**

☐ **Savings: Have your bank provide the appropriate account and routing number on bank letterhead. Your name must appear on the letter and on the account. The letter must be signed by a bank representative. The name that appears on the account must match the name as it appears on your child support case.**

**When completed and signed, mail this authorization form and paperwork to:**

**New Jersey Family Support Payment Center**
**Direct Deposit Authorization**
**P.O. Box 55416**
**Trenton, NJ 08638**

**I authorize the State of New Jersey to make deposits of child and/or spousal support payments to the account listed above until further notice. Such notice will be in writing and will allow the State of New Jersey a reasonable time to process the cancellation. If funds are mistakenly deposited into my account, I authorize the State of New Jersey to deduct the amount of the error from my account or from my future payments.**

**Your Signature:** _____ **Date:** _____

**Print Your Name:** _____

**For office use only: Received Date** _____ **Processed By** _____