

When completed and signed, mail completed forms  
and required documentation to:  
New Jersey Family Support Payment Center  
Direct Deposit Authorization  
P.O. Box 55416  
Trenton, NJ 08638

## Direct Deposit Authorization Form

New Jersey Family Support Payment Center  
New Jersey Office of Child Support Services

### Certification and Enrollment Information – All information below must be provided

Please check one of the following boxes;  
you **MUST** indicate which action you are requesting  New enrollment  Change in banking information

First Name

MI

Last Name

Date of Birth (MM/DD/YYYY)   /   /

Last 4 Digits of Social Security

Daytime Phone (    )   -

City

State

Zip Code

Email Address

Case Number – Please include all numbers and letters after “CS”

C S

### Banking Information

\*Please Note If you do not provide all information requested, the New Jersey Family Support Payment Center will not be able to process your Authorization Form.

Bank Name: \_\_\_\_\_ Bank Phone: (   )   -

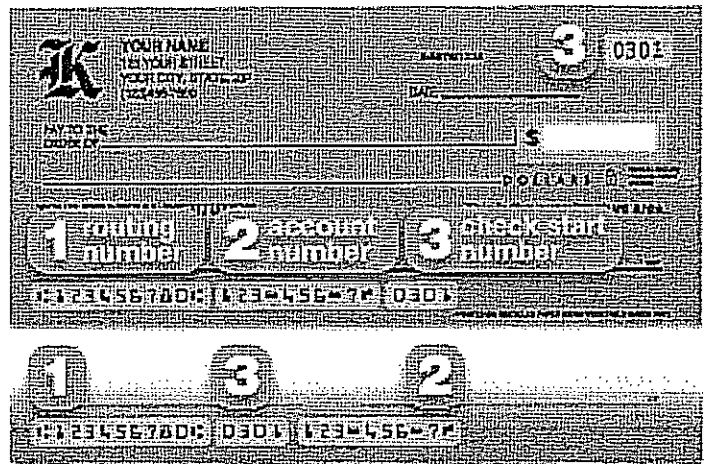
(Choose One)  Checking Account  Savings Account

Bank Routing Number \*: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

\*The bank routing number consists of 9 numbers that begin and end with a special mark as listed on the check sample. The check number that is printed on the check is also in this bottom line of the check. The number that is not the routing number or the check number is the account number.

For a CHECKING account: Write VOID on an unused check and submit with this form. The check must also have your name pre-printed by the financial institution (as seen in the upper left corner of the sample image). STARTER CHECKS ARE NOT ACCEPTED.

For a SAVINGS account: 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.



I authorize the State of New Jersey to make deposits of child support 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 the 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: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY: Processed By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_

