



CHILD SUPPORT SERVICES DIVISION

DIRECT DEPOSIT AUTHORIZATION FORM

Provide all of the information requested below. The Child Support Services Division (CSSD) cannot deposit payments directly to your bank account without a completed and signed direct deposit authorization form.

Return this form by fax or mail to:

Fax: (406)444-6934

Mail: CSSD EFT Disbursements Fiscal Unit
PO Box 202943
Helena MT 59620

Direct Deposit Information

Last Name: _____ First Name & M. I.: _____

My Phone #: _____ Social Security Number: _____

Financial Institution: _____ Phone#: _____

Financial Institution Address: _____

ABA Routing#: _____ Account#: _____

Account Type: Checking Savings (Select only one account type.)

- I will promptly repay any amount that is overpaid to this account.
- I will notify the CSSD in writing if I want my payments sent to a different account or if I want direct deposit stopped.
- I will complete a new Direct Deposit Form if I want payments sent to a different financial institution.

Date _____

Signature _____

Your signature is required. Forms without a signature are rejected.

*****CSSD USE ONLY*****

Date Entered/Initials _____

Date Verified/Initials _____