



LA CSC
DIRECT DEPOSIT
P. O. Box 65165
Baton Rouge, LA 70896-5165

TEL: 1-800-256-4650
225-922-8100
TDD: 225-922-8111

OR
FAX: 225-248-0487
(Cancellation of Direct Deposit Only)

AUTHORIZATON FORM: Direct Deposit

Please Type or Legibly PRINT all information below in ink.

Section 1: CUSTODIAL PARENT INFORMATION	
Name: _____	LASES Case Number _____
Mailing Address: _____	City/State/ZIP: _____
Daytime Telephone: _____	Home Telephone: _____
Social Security Number: _____	Email: _____
Section 2: FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution: _____	
City/State/ZIP: _____	Telephone: _____
Routing Number: _____	Account Number: _____
Account Type (Check One): <input type="checkbox"/> Checking* <input type="checkbox"/> Savings*	
Check One: <input type="checkbox"/> New Request <input type="checkbox"/> Change Account <input type="checkbox"/> Cancel Direct Deposit	
<small>*Note: Be sure to include a pre-printed deposit slip or voided check. If the account is a savings account at a credit union or savings and loan, a financial institution printout showing the account number and routing number is required.</small>	
Section 3: AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF CHILD SUPPORT PAYMENTS	
<p>I authorize Support Enforcement Services (SES) to deposit my child support payments directly into my checking account or savings account as specified above. SES is also authorized to adjust any over/under deposit it has made to my checking account or savings account. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and I must allow the Federal Reserve two workdays from the disbursement date to have the funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check or pre-printed deposit slip from my financial institution. I will immediately notify Customer Service Center (CSC) if my banking information changes. I must submit a new authorization form to change my direct deposit. I can stop my direct deposit by notifying the CSC. I must notify the CSC of any changes to my address. I must include my name and LASES case number on all correspondence regarding direct deposit. The CSC and website provide the date the SES system disbursed my payment. To verify when a payment is posted to my account and funds are available, I will have to contact my financial institution.</p> <p>By signing below I signify that I have read and agree to all of the conditions listed above.</p> <p>Signature: _____ Date Signed: _____</p>	
Office Use Only	
Sent By: _____ Date Received: _____ / _____ / _____ Entered By: _____	

INFORMATION SHEET

You may participate in the Direct Deposit Program if you meet the following criteria:

- Have an active checking or savings account in your name.
- Complete, sign, date and return the LA CSC Direct Deposit Authorization Form (SES DD 1) with required documentation for the preferred method of deposit as listed below:

For **checking** - submit a voided check or a pre-printed deposit slip.

For **savings account** - submit a pre-printed deposit slip.

For **credit union or savings and loan savings account** - submit a financial institution printout showing the account number and routing number.

- Mail above information to the Child Support Customer Service Center (CSC) at the following address:

LA CSC
Direct Deposit
P.O. Box 65165
Baton Rouge, LA 70896

Direct Deposit will go into effect once your authorization form has been received and processed by LA CSC and your account information has been verified by your bank or credit union. A check will be issued to you until the account information has been verified. Once the information is verified, future payments posted to the case will be directly deposited into your account. If the account information is rejected, a check will be issued. Funds are usually available within 48 hours after the payment is posted to LASES. (**Exception:** IRS offsets may be held up to six months due to injured spouse claims.)

If your name on the authorization form differs in anyway from your name on your child support case, the authorization form will be returned.

In order to verify deposited funds, contact your financial institution.

If at anytime you wish to cancel Direct Deposit, notify the Child Support Customer Service Center in writing or fax a new authorization form to:

LA CSC Direct Deposit
P.O. Box 65165
Baton Rouge, LA 70896

Or

Fax: (225) 248-0487
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