



CHILD SUPPORT SERVICES DIVISION DIRECT DEPOSIT AUTHORIZATION FORM

Provide all 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

Payments are issued electronically to a U.S. Bank ReliaCard Visa prepaid debit card or directly deposited into a bank account. If you do not make a selection, payments will be automatically applied to the ReliaCard.

ReliaCard (Complete Part 1)

Direct Deposit (Complete Parts 1 & 2)

Direct Deposit Information

Part 1

Case Number

Participant ID

Last Name

First Name and Middle Initial

Phone #

Social Security Number

Part 2

Financial Institution

Financial Institution Phone #

Financial Institution Address

ABA Routing #

Account #

Account Type (select ONE): Checking Savings

- 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 (Signature is REQUIRED - forms without are rejected)

AGENCY USE ONLY

Date Entered/Initials _____

Date Verified/Initials _____

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