



## 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 \_\_\_\_\_

Rev. (12/25)