



Enrollment / Authorization Form

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK.

Complete and mail to: Ohio CSPC, P.O. Box 182812,
Columbus, Ohio 43218-2812 or fax to 614-985-4453

Personal Information

NAME (LAST, FIRST, AND MIDDLE INITIAL)

List current name of Custodial Parent/Caretaker.

DATE OF BIRTH (MONTH / DAY / YEAR)

SETS Case Number

7

If you have more than one case, please enter one of your case numbers. All your cases will be enrolled in Direct Deposit.

SOCIAL SECURITY NUMBER

Address (Please make sure this is your current address.) If

this is an address change, please check box.

ADDRESS 1 – STREET ADDRESS

ADDRESS 2 – P.O. BOX NUMBER, APARTMENT NUMBER

CITY

STATE

ZIP CODE

COUNTRY

HOME / CELL PHONE NUMBER (PLEASE INCLUDE AREA CODE)

ALTERNATE PHONE NUMBER (PLEASE INCLUDE AREA CODE)

EMAIL ADDRESS (OPTIONAL)

Bank Information for Direct Deposit

- Select this box if this is your first time enrolling for direct deposit with OH CSPC.
- Select this box if OH CSPC has an existing direct deposit account on file and funds should continue disbursing to that account until setup of your new account is complete.
- Select this box if OH CSPC has an existing direct deposit account on file and disbursements to that account should stop as soon as possible. (Note: you will temporarily receive a paper check for any funds disbursed during the transition period.)

NAME OF FINANCIAL INSTITUTION (Bank or Credit Union)

ADDRESS _____ CITY

STATE _____ ZIP _____ BANK TELEPHONE NUMBER (____)

Account Information

- CHECKING
- SAVINGS

ACCOUNT NUMBER

Account number input boxes

ROUTING TRANSIT NUMBER

(the 9-digit number on the bottom of your check or your deposit slip)

Routing transit number input boxes

*** Please insert a document from your bank showing your full printed account number in the pocket of this form (e.g., voided check, encoded deposit slip, bank authorization, etc.).**

Direct Deposit Enrollment Authorization

I certify that I am entitled to the payments identified above and that I authorize my payments to be sent to the financial institution named above and deposited in the account I indicated. I understand this authorization will remain in full force and effect until Ohio Child Support Payment Central (CSPC) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new form.

Notice

If you believe funds posted to your Direct Deposit account were applied in error, contact your county CSEA. Please be aware, if you use those funds and it is an incorrect payment or an overpayment, you will be required to repay those funds.

Signature _____ Date _____

Fold form, insert into envelope and seal.