



The Office of Child Support Enforcement announces the availability of Direct Deposit for child support payments.

Custodial parents may choose to have their support payments deposited into a checking or savings account. There is **no** extra charge for this service.

Why choose Direct Deposit?

- It's safe
- It's convenient
- It's fast

What do I need to do to set up Direct Deposit?

You must have an open checking or savings account **in your name**. Child support payments will not be deposited into an account bearing only the child's name. Complete the attached application and mail or fax it along with a voided check or voided savings withdrawal slip to:

**Office of Child Support Enforcement
Attn: Direct Deposit Section
P. O. Box 8128
Little Rock, AR 72203
Fax: 501-683-7912**

How long before payments are deposited into my account?

OCSE will work with your bank to set up the direct deposit. Please allow 5 business days to complete this process. Payments will be disbursed within two business days of being received and identified by the Arkansas Child Support Clearinghouse. Please contact your bank to learn when these funds will be available for withdrawal.

Will I receive notice when a payment is deposited in my account?

When a payment is transmitted to your financial institution, OCSE will mail a notice to you that is similar to the check stub you now receive with your child support check. The notice will tell you how much was collected, how the money was distributed, and the amount sent for deposit into your account. **It is your responsibility to verify that a deposit has been received and properly credited to your account.**

IF YOU CHANGE FINANCIAL INSTITUTIONS OR YOUR ACCOUNT NUMBER CHANGES, YOU MUST INFORM OCSE IMMEDIATELY. FAILURE TO DO SO MAY RESULT IN DELAYS IN RECEIVING YOUR CHILD SUPPORT PAYMENTS.

All new enrollments and any changes must be made in writing to OCSE using the attached form. Be sure to keep a copy for your records.

State of Arkansas
Office of Child Support Enforcement (OCSE)
Direct Deposit Enrollment Form

For Office Use Only:		
Member ID	_____	
Keyed	_____	_____
	Date	By

Please print the following information:

CUSTODIAL PARENT (CP) NAME CP SOCIAL SECURITY NUMBER* CP PHONE #

CASE NUMBER(S): _____

CURRENT MAILING ADDRESS: _____

Check the appropriate information (check all that apply):

- New Enrollment Re-enrollment Cancel
 Checking Account Savings Account
 Change of Financial Institution Change of Account Number

You must **SIGN** and **DATE** the below application and attach a voided check or savings withdrawal slip reflecting the **encoded Bank Routing and Account numbers**. Please staple the voided check or withdrawal slip to the back of this page.

*The disclosure of your Social Security number is not mandated, but it is requested for proper identification and for the accurate and prompt processing of your request.

MY SIGNATURE BELOW INDICATES MY UNDERSTANDING AND AGREEMENT TO THE FOLLOWING:

1. I hereby authorize the Office of Child Support Enforcement (OCSE) to disburse child support payments by sending for deposit payments to the account indicated on the voided check or withdrawal slip provided. I also authorize my Financial Institution to credit the net amount to my account. This authority will remain in full effect until OCSE has received written notification from me of its termination.
2. New enrollments or changes in Financial Institutions will go into effect within 5 business days from the date the form is received by OCSE.

Signature

Date