



Health and
Human Services

Change Authorization for Automatic Deposit

IMPORTANT! PLEASE READ THIS PAGE CAREFULLY!

Fill out this form to have Collection Services Center (CSC) change your automatic deposit. Mail the completed form and the requested documentation to:

**Collection Services Center
PO Box 9125
Des Moines IA 50306-9125**

Or fax the completed form and supporting documentation to CSC at 515-697-1555.

After getting the completed form, CSC will send a letter to you about the changes. This letter tells you when the automatic deposit will change. Changes to an automatic deposit with your financial institution (bank) take about 20 days.

To make sure deposits reach you correctly, tell CSC when you make changes to your bank account. These changes include:

- closing your account
- changing banks
- changing your account from checking to savings
- changing your account from savings to checking

To stop or change the automatic deposit you must notify us with enough time to process the request. Notify us by filling out the change form from our website at: www.childsupport.ia.gov.

You may also notify us by calling your local office to stop the automatic deposit.

If you need help with the form, please call your local office. If you need assistance finding the local office phone number, call the child support automated information line at 1-888-229-9223 (toll-free nationwide).

Change Authorization for Automatic Deposit

Mark one option:

___ Change your authorization (complete the entire form below to make a change)

___ Stop your authorization (complete only the section in the box below to stop)

Send this form to:

**Collection Services Center
PO Box 9125
Des Moines IA 50306-9125**

Of fax the completed form and supporting documentation to CSC at 515-697-1555.

I authorize Collection Services Center (CSC) to deposit child support payments in my account at the bank listed below. I also authorize CSC to debit amounts from my account to correct deposits made in error.

Bank: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Account Type (mark one): ___ Checking ___ Savings YOUR NAME MUST APPEAR ON THE ACCOUNT.

You must attach a voided check or a letter from your bank with your name, address, bank routing number, and account number. CSC will not be able to complete your request without this information. The letter must be on bank letterhead and signed by a bank representative.

My authorizations will be effective until I withdraw my authorizations and CSC receives and processes my withdrawal.

Print Your Name: _____

Your Mailing Address: _____

Your Phone Number: _____

Your CSC and CSS Case Number: _____

Your Signature: _____

Date: _____