



Health and
Human Services

Authorization For Phone or Web Payments

IMPORTANT! PLEASE READ THIS PAGE CAREFULLY!

Fill out this form to have Collection Services Center (CSC) withdraw payments from your financial institution (bank) account. 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 documents to CSC at 515-697-1555.

After getting the completed form, CSC will send a letter to you. This letter tells you when you can start using the phone/web to make payments. Setting up the phone/web payments with your bank takes about 20 days.

To make sure the phone/web payments work 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 phone/web payments 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 phone/web payments.

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).

Authorization For Phone or Web Payments

Send this form 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.

I authorize Collection Services Center (CSC) to withdraw child support payments from my account at the bank listed below upon my request by phone or web. My identity will be verified using my CSC account number and a personal identification number. I will determine the amount with each call or web request.

Enter the maximum amount you will ever want to pay \$ _____

I want my personal identification number to be (0 through 9, use 4 digits) _____

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

Print Your Name: _____

Your Mailing Address: _____

Your Phone Number: _____

Your CSC or CSS Case Number: _____

Your Signature: _____

Date: _____