



Health and
Human Services

Change Authorization for Automatic Withdrawal

IMPORTANT! PLEASE READ THIS PAGE CAREFULLY!

Fill out this form to have Collection Services Center (CSC) change your automatic withdrawal. 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 withdrawal will change. Changes to the automatic withdrawal with your financial institution (bank) take about 20 days.

To make sure the automatic withdrawal works 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 withdrawal you must notify us with enough time to process the request. Notify us by filling out the change form from our website at:

<https://childsupport.ia.gov>.

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

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 Withdrawal

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**

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 on the days and in the amounts entered below.

Mark one option and complete the form below:

___ Monthly Day (1-31) ___ Amount \$ _____

___ Every Other Week Day of Week (M-F) ___ Amount \$ _____

___ Weekly Day of Week (M-F) ___ Amount \$ _____

___ Other – Specify two days of month and amount

1st Day (1-31) ___ 2nd Day (1-31) ___ Amount \$ _____

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: _____