



**Health and  
Human Services**

## **Authorization For Automatic Withdrawal**

**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 form and supporting documentation to CSC at 515-697-1555.

After getting the completed form, CSC will send a letter to you. This letter tells you when your automatic withdrawal will start. Setting up the automatic withdrawal with your bank takes 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).

## AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Send this form to:

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

Or fax the form and the 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: \_\_\_\_\_