



Health and
Human Services

Electronic Support Payments (Exemption Request)

Use this form if you are not able to get your payments electronically.

NOTE: Do not complete this form if you want direct deposit or if you want a ReliaCard.

Choose One:

- ☐ I have a physical disability.
- ☐ I have a mental disability.
- ☐ I have a language barrier.
- ☐ I have difficulty reading.
- ☐ There is no automatic teller machine (ATM) or bank branch that allows Visa® cash advances within 30 miles of my home and work.
- ☐ The custodial parent has a court-ordered guardian or conservator (who has signed below).
- ☐ The custodial parent is involved in legal proceedings, such as bankruptcy, which require payment to be sent to a trustee or other representative payee (who has signed below).

Payee Name (Print):

Case Number(s):

The statements made and the information given in this exemption request are true and correct to the best of my knowledge and belief.

Signature:

Date:

Please return this form to: Collection Services Center
Attn: EAC Coordinator
PO Box 9125
Des Moines, IA 50309-9125