

APPENDIX S

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DIRECT DEPOSIT REQUEST FORMS

PA SCDU Direct Deposit Enrollment Form

- The payee/check recipient **must fill in** all the requested information in Section 1.
- **The bank/financial institution must complete Section 2**
- The payee/check recipient **must advise** PA SCDU in writing of any account changes in order to remain enrolled in direct deposit.
- The payee/check recipient's name, address and Social Security number **must match** the information on file in the PA Child Support Enforcement System, PACSES.
- The account where the money is to be deposited **must belong** to the payee/check recipient of the support order.
- Mail the completed form to: **PA SCDU, PO Box 61216, Harrisburg, PA 17106-1216**
Attn: Exceptions Processing Department
- When PA SCDU receives your direct deposit form and it has been correctly completed, direct deposit will begin in approximately 10 business days.

New Enrollment
 Account Change
 Cancel Direct Deposit

Section 1 (to be completed by payee)

Please Print

Name of Payee/Check Recipient	Type of Depositor Account – check one O Checking O Savings
Street Address	Depositor checking or savings account number
City State Zip Code	
(daytime) Area Code and Telephone Number	<p align="center"><u>Payee/Joint Payee Certification</u></p> <p><i>I certify that I am entitled to the payment identified above and that I have read and understood the above directions to complete this form. In signing this form, I authorize my payments to be sent to the financial institution named below to be deposited to the account designated on this form.</i></p>
PACSES 10 digit member ID number	
Social Security Number	
Signature	

Section 2 (to be completed by Bank/Financial Institution)

Name of Bank/Financial Institution		Routing number	
		Account Number	
Name of Bank Representative	Signature of Bank Representative	Telephone number	

All incomplete or incorrect enrollment forms will be returned to the sender for correction or additions.