

**PLEASE COMPLETE IN BLUE OR BLACK INK. INCOMPLETE OR INCORRECT INFORMATION MAY RESULT IN A DELAY IN PROCESSING THIS REQUEST. ALLOW 3 TO 4 WEEKS FOR DIRECT DEPOSIT TO TAKE EFFECT.**

NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

ADDRESS: \_\_\_\_\_ HOME PHONE # (\_\_\_\_) \_\_\_\_\_  
(STREET/POB)

\_\_\_\_\_  
 (CITY) (STATE) (ZIP CODE) WORK PHONE # (\_\_\_\_) \_\_\_\_\_

**STOP DIRECT DEPOSIT – DO NOT ATTACH A CHECK. PLEASE SIGN # 3 BELOW.**

BANK NAME \_\_\_\_\_ BANK PHONE # \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK ROUTING NUMBER    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

BANK REPRESENTATIVE'S NAME (PRINTED) \_\_\_\_\_

BANK REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ Date    /    /

I hereby authorize the NC Child Support Enforcement program (CSE) to deposit my child support payments to the financial institution account named above. CSE will make deposits to this bank account until I cancel the authorization and CSE has time to process the cancellation. I authorize CSE to contact the financial institution and make debit entries and adjustments for any credit entries made in error to my account. I understand that until this request is processed, payments will be made by debit card or check.

NCCSE –EFT  
PO BOX 19807  
Raleigh, North Carolina 27619

For Office Use Only: Date of Receipt \_\_\_\_\_