

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS
(907) 269-6900
550 W. 7TH Ave., Suite 310
Anchorage, AK 99501-6699

Member-ID:
Case-ID(s):

EFT Payment Agreement

I AGREE to pay \$ _____ for monthly child support and \$ _____ for arrears payment, for a total of \$ _____ by Electronic Funds Transfer (EFT) through a direct withdrawal from my financial accounts (as designated on the attached EFT form) on the _____ day (1st, 5th, 10th, 15th, 20th, or 25th) of the month in lieu of wage withholding.

I understand completing this form is not an automatic approval, and my request may be denied by CSSD management.

I agree that:

1. If I fail to pay as agreed, I understand that CSSD will terminate the EFT process and reinstate wage withholding through my employer immediately (without prior notification).
2. I will notify my caseworker (by phone and in writing) with any changes to my employment or address.
3. All other enforcement actions will continue.

Obligor Signature

Date

Obligor Printed Name

This form must accompany the *Non Custodial Parent Direct Withdrawal Authorization* 04-0008B form

**STATE OF ALASKA
DEPARTMENT OF REVENUE
CHILD SUPPORT SERVICES DIVISION**

550 W 7th Avenue Ste 310
Anchorage AK 99501-6699
Phone: (907) 269-6900 Fax: (907) 787-3220
TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

Check One <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel
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**NON CUSTODIAL PARENT DIRECT WITHDRAWAL
AUTHORIZATION**

Non Custodial Parent Name _____

CSSD member ID # _____
(This is the 8 digit Member Number assigned to you by CSSD, not your 9 digit case number).

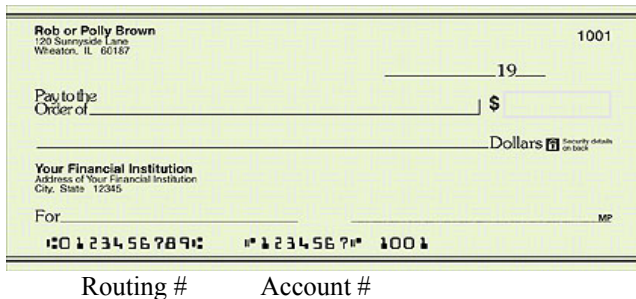
Social Security Number _____
The disclosure of your social security number on this form is voluntary. We will use your social security number to assist in the identification of your bank or financial account.

I authorize the State of Alaska CSSD to initiate **Direct Withdrawal** in the amount of \$ _____ on the _____ day of each month for child support. (withdrawal dates are the 1st, 5th, 10th, 15th, 20th or the 25th of each month)

Name of bank or financial institution: _____

Transit routing number and account number (example below): _____

Account type: CHECKING SAVINGS



Attach a voided check or deposit slip here
This will be used to verify the name, bank routing number, and account number

I authorize the State of Alaska CSSD to make necessary adjustments to the above account to correct any debit entries made in error. I understand that the State will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have a direct withdrawal payment authorization in effect with the State of Alaska CSSD.

I understand that 30 days written notice is required to change financial institutions, account numbers, account type; and that I must notify CSSD if I close my account or cancel the direct withdrawal; that the name on the child support case must match the name on the account in which debits are being paid from.

Signature Date Day phone