

The Ohio e-QuickPay® Prepaid Debit Card or Direct Deposit

enrollment / authorization form

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK.

Complete all the information below and mail to: Ohio CSPC, P.O. Box 182812. Please indicate your choice by checking the appropriate box. Columbus, Ohio 43218-2812 or fax to 614-895-0728 (for Direct Deposit include a copy of a voided check or encoded deposit slip) Ohio e-QuickPay® Prepaid Debit Card **OR** Direct Deposit **Personal Information** NAME (LAST, FIRST, AND MIDDLE INITIAL) Please make sure this is the name as it appears on your support checks. SETS Case Number If you have more than one case, please enter one of your case numbers. All your cases will be enrolled for the choice you selected above (e-QuickPay® or Direct Deposit). DATE OF BIRTH (MONTH / DAY / YEAR) **Bank Information** (for Direct Deposit only)* SOCIAL SECURITY NUMBER ■ NEW ENROLLMENT ■ BANK CHANGE **Address** (Please make sure this is your current address.) NAME OF FINANCIAL INSTITUTION (Bank or Credit Union) If this is an address change, please check box. **ADDRESS 1 – STREET ADDRESS** STATE ZIP ADDRESS 2 — P.O. BOX NUMBER, APARTMENT NUMBER BANK TELEPHONE NUMBER (_____) CITY Account Information STATE **ZIP CODE** COUNTRY CHECKING SAVINGS **ACCOUNT NUMBER** HOME / CELL PHONE NUMBER (PLEASE INCLUDE AREA CODE) **ROUTING TRANSIT NUMBER** | **ALTERNATE PHONE NUMBER** (PLEASE INCLUDE AREA CODE) (the 9-digit number on the bottom of your check or your deposit slip) **EMAIL ADDRESS** * If you are enrolling for direct deposit, please insert a voided check or encoded deposit slip in the pocket

Please sign and date the appropriate authorization section below to complete the application.

of this form.

Ohio e-QuickPay® Enrollment Authorization

This authorization will remain in full force and effect until Ohio Child Support Payment Central (CSPC) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it.

I understand by signing this enrollment form and returning it to the CSPC that I am authorizing the Ohio Department of Job and Family Services (ODJFS) to post all my support payments onto the Ohio e-QuickPay® Prepaid Debit MasterCard® Card issued by Comerica® Bank, N.A.

I certify that I am at least 18 years of age. I also certify that I am entitled to the payments identified above and that I authorize my payments to be sent to Comerica Bank, the financial institution where my support payments will be held until I use them.

Notice

If you believe funds posted to your Ohio e-QuickPay® Prepaid Debit MasterCard® Card account were applied in error, contact your county CSEA. Please be aware, if you use those funds and it is an incorrect payment or an overpayment, you will be required to repay those funds.

Signature	Date

Direct Deposit Enrollment Authorization

I certify that I am entitled to the payments identified above and that I authorize my payments to be sent to the financial institution named above and deposited in the account I indicated. I understand this authorization will remain in full force and effect until Ohio Child Support Payment Central (CSPC) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new form.

OR if

NoticeIf you believe funds posted to your Direct Deposit account were applied in error, contact your county CSEA. Please be aware, if you use those funds and it is an incorrect payment or an overpayment, you will be required to repay those funds.

Signature	Date