



WI Support Collections Trust Fund (WI SCTF)  
PO Box 70914  
Milwaukee, WI 53207-0914

TEL: (800) 991-5530  
TDD: (877) 209-5209

### Direct Deposit Authorization

Please print and complete all the information below in Black or Blue ink.  
Forms with missing information or check marks will not be processed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Your Child Support PIN\* \_\_\_\_\_

\*Contact your Child Support Agency if you do not know your PIN.

Social Security Number: \_\_\_\_\_

**Banking Information:** See sample check as needed or contact your financial institution.

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type (Check One):  Checking  Savings

I want to (Check One):  Sign up for Direct Deposit  Change My Account  Cancel Direct Deposit

**I agree:** (Check One)

The whole amount of my direct deposit payment **will not** be moved to an account **outside the United States**.

The whole amount of my direct deposit payment **will** be moved to an account **outside the United States**.

*The date your payments were processed by the WI SCTF can be checked by calling the WI SCTF at the phone numbers at the top of this form or online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov).*

*It takes at least 2 business days from the date the WI SCTF processes your payment for your financial institution to credit a direct deposit payment to your bank account. In case of further delays, we recommend that you confirm the transaction with your financial institution. To stop direct deposit, you must call your child support agency or the WI SCTF.*

*You are responsible for ensuring that there are adequate funds in your account before withdrawing funds.*

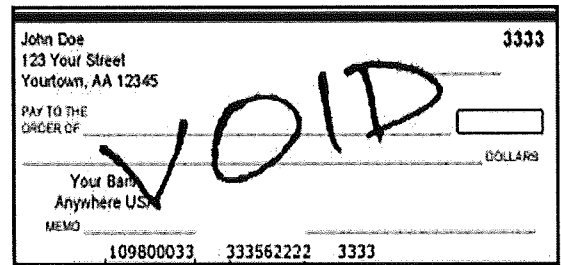
*The Department of Children and Families and its vendors are not liable for overdraft fees and charges.*

**By signing this form, you authorize the WI Support Collections Trust Fund (WI SCTF) to initiate payments to the above account.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this form with your voided check to the address at the top of this form.**

**IMPORTANT:**  
Include a copy of your check showing the account and routing numbers and write "VOID" across the check.



Routing Number ←      → Account Number

**NOTE:** If a voided check is not available, a letter from your bank verifying the Routing Number and the Account Number must be provided.