|  |  |
| --- | --- |
|  | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS) |
| **Automatic Payment Authorization and Electronic Funds Transfer Information**  ***What is automatic payment authorization?***  Automatic payment authorization is your permission for the Division of Child Support (DCS) to deduct child support from your checking or savings account by Electronic Funds Transfer (EFT).   1. You choose the date or dates of the month DCS takes the deductions. You cannot schedule deductions based upon a day of the week. 2. If a deduction day falls on a Saturday, Sunday, a bank holiday, or a state holiday, DCS will deduct the payment on the following business day. 3. If a deduction day falls on the last day of the month, and that day is a Saturday or Sunday, DCS will deduct the payment on the last business day of the month. DCS will apply the payment to your case on the day the deduction occurs.   An EFT deduction cannot replace federally mandated income withholding. If your case requires DCS to establish income withholding, we will continue to do so.  You may also register to pay on-line at https://secure.dshs.wa.gov/dcsonline/.  ***If I want automatic payment deductions from my bank account, what do I do?***  Keep page 1 of this form for future reference.  Fill out page 2 of this form (Automatic Payment Authorization).   1. If you have a joint account, be sure both account holders sign the authorization. 2. Attach a voided check or deposit slip for your bank account.   Return both page 2 of this form and a voided check or deposit slip to:  DIVISION OF CHILD SUPPORT  EFT PAYMENTS  P O BOX 9010  OLYMPIA WA 98507-9010  or fax them to 360-664-5109  ***What happens next?***  Your Support Enforcement Officer may need to approve your automatic deduction.  DCS will confirm your bank account number.  You will receive a letter confirming the beginning date and the deduction amount.  It may take up to 30 days to set up the deduction.  You must continue making child support payments until the deduction begins.  ***What if my bank does not honor the automatic deduction?***  If your bank does not honor a deduction because of insufficient funds, a stop payment, or a closed account, DCS will cancel future automatic deductions from your bank account. If you think your bank will not honor a deduction, call DCS at 800-468-7422.  ***How do I stop or change the automatic payment?***  You ***must*** call DCS headquarters at 800-468-7422 to stop or change the deduction. ***Only DCS can stop or change a deduction, the bank cannot.***   1. Allow at least 10 days to stop or change a deduction. DCS may not be able to stop or change a deduction if we are not notified at least 10 days prior to the scheduled payment date. 2. Your bank cannot stop or change the deduction. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS)  **Automatic Payment Authorization** | | | | | |
| PAYING PARENT’S NAME | | | | E-MAIL ADDRESS (OPTIONAL) | | |
| PO BOX OR STREET ADDRESS | | | | | | |
| CITY | | | | STATE | | ZIP CODE |
| SOCIAL SECURITY NUMBER | | | | DAYTIME TELEPHONE NUMBER | | |
| ACCOUNT NUMBER | | | CHECKING  SAVINGS | BANK ROUTING NUMBER | | |
| BANK NAME | | | | BRANCH TELEPHONE NUMBER | | |
| AMOUNT OF EACH DEDUCTION | | | | TOTAL MONTHLY DEDUCTION | | |
| DEDUCTION DATES EACH MONTH | | | | DATE TO START DEDUCTIONS | | |
| I authorize the above deductions from my account for payment to the Washington State Support Registry. | | | | | | |
| ACCOUNT HOLDER’S SIGNATURE | | | | | | |
| ACCOUNT HOLDER’S SIGNATURE (FOR JOINT ACCOUNTS) | | | | | | |
| **FOR DCS USE ONLY** | | | | | | |
| BASIC INDIVIDUAL NUMBER | | IV-D CASE NUMBER | | | DCS OFFICE | |
|  | | | | | | |
| **Attach a Voided Check or Deposit Slip** | | | | | | |
|  | | | | | | |
| No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request. | | | | | | |