

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Direct Deposit Authorization

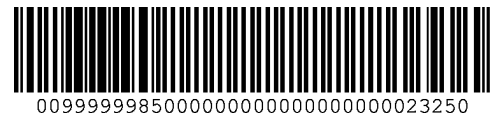
TO:

CASE NUMBER:

INDIVIDUAL NUMBER:

<input type="checkbox"/> I want a DCS debit card <input type="checkbox"/> I want direct deposit to my bank account listed below.		
FIRST NAME	MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MONTH/DAY/YEAR)
MAILING ADDRESS		APT. #
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER (     )	DAYTIME TELEPHONE NUMBER (     )	E-MAIL ADDRESS (OPTIONAL)
<input type="checkbox"/> Update my address in the child support system to the address listed above.		
SIGNATURE (REQUIRED)		DATE
Enter information below if you selected direct deposit to your bank account. Attach a voided check.		
BANK NAME	BANK BRANCH TELEPHONE NUMBER (     )	
BANK ROUTING NUMBER	BANK ACCOUNT NUMBER	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
If you have questions about direct deposit or the DCS debit card, call 800-468-7422.		

Mail To:  
DIVISION OF CHILD SUPPORT  
EFT DISBURSEMENTS  
PO BOX 9010  
OLYMPIA WA 98507-9010  
or Fax to: 360-664-5109



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.