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

Direct Deposit Authorization

TO:

CASE NUMBER:

INDIVIDUAL NUMBER:

☐ I want a DCS debit card ☐ 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	EMAIL ADDRESS (OPTIONAL)
( )	( )	

☐ 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 ☐ Checking ☐ 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

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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.