## **PA SCDU Direct Deposit Enrollment Form**

- The payee/check recipient **must fill in** all the requested information in Section 1.
- The bank/financial institution <u>must complete</u> Section 2
- The payee/check recipient <u>must advise</u> PA SCDU in writing of any account changes in order to remain enrolled in direct deposit.
- The payee/check recipient's name, address and Social Security number <u>must match</u> the information on file in the PA Child Support Enforcement System, PACSES.
- The account where the money is to be deposited <u>must belong</u> to the payee/check recipient of the support order.

| <ul> <li>Mail the completed form to: PA SCDU, PO Box 61216, Harrisburg, PA 17106-1216</li> <li>Attn: Exceptions Processing Department</li> </ul> |                     |   |                                    |
|--|---------------------|---|------------------------------------|
| When PA SCDU receives your direct deposit form and it has been correctly completed, direct   |                     |   |                                    |
| deposit will begin in app  | roximately 10 busir | ess days.   |                                    |
| ☐ New Enrollment ☐ Account Change ☐ Cancel Direct Deposit  |                     |   |                                    |
| Section 1 (to be comple Please Print   | ted by payee)       |   |                                    |
| Name of Payee/Check Recipient  |                     | Type of Deposit   | or Account – check one             |
|  |                     | O Checking  | O Savings                          |
| Street Address   |                     | Depositor check   | ing or savings account number      |
|  |                     |   |                                    |
|  |                     |   |                                    |
| City State   | Zip Code            |   |                                    |
|  | r                   |   |                                    |
| (daytime) Area Code and Telephone Number   |                     | Payee/Joint Payee Certification  I certify that I am entitled to the payment identified   |                                    |
| (daytine) Area code and Telephone Number   |                     |   |                                    |
|  |                     |   | have read and understood the above |
| PACSES 10 digit member ID number   |                     | directions to complete this form. In signing this form, I authorize my payments to be sent to the financial institution named below to be deposited to the account designated on this form. |                                    |
|  |                     |   |                                    |
| Social Security Number   |                     |   |                                    |
| Social Security Ivamoer  |                     |   |                                    |
|  |                     | Signature   | Date                               |
| Section 2 (to be completed by Bank/Financial Institution)  |                     |   |                                    |
| Name of Bank/Financial Institution   | ·                   | Double a secondary  |                                    |
| Name of Bank/Financial Institution   |                     | Routing number  |                                    |
|  |                     |   |                                    |
|  |                     | Account Number  |                                    |
|  |                     |   |                                    |
| Name of Bank Representative Signature of Bank Rep  |                     | presentative  | Telephone number                   |
|  |                     |   |                                    |
|  |                     |   |                                    |

All incomplete or incorrect enrollment forms will be returned to the sender for correction or additions.