PA SCDU Direct Deposit Enrollment Form

- The payee/check recipient <u>must fill in</u> all the requested information in Section 1.
- The bank/financial institution must complete Section 2
- The payee/check recipient must advise 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 **must match** the information on file in the PA Child Support Enforcement System, PACSES.
- The account where the money is to be deposited must belong to the payee/check recipient of the support order.

 Mail the completed form 				
 Attn: Exceptions Processing Department When PA SCDU receives your direct deposit form and it has been correctly completed, direct 				
deposit will begin in app	roximately 10 busin	iess days.		
□ New Enrollment	□ Account Ch	ange 🗆 🖰	Cancel Direct Deposit	
Section 1 (to be completed by payee)				
Please Print	tea by payeej			
Name of Payee/Check Recipient		Type of Depositor Account – check one		
		O Checking	O Savings	
Street Address		Depositor check	Depositor checking or savings account number	
City	State Zip Code	2		
(daytime) Area Code and Telephone Number			Payee/Joint Payee Certification	
			m entitled to the payment identified 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.		
Casial Cassuits Number				
Social Security Number				
		Signature	Date	
Section 2 (to be completed by Bank/Financial Institution)				
Name of Bank/Financial Institution		Routing number		
		J		
		Account Number		
Name of Doub Donnescontative	Signature of Day I. D.		Telephone number/ Date	
Name of Bank Representative Signature of Bank Rep		presentative	Telephone number/ Date	

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