

**ALABAMA CENTRAL DISBURSEMENT DIVISION
DIRECT DEPOSIT OF CHILD SUPPORT PAYMENTS
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I authorize the Alabama Central Disbursement Division (ACDD) and the financial institution listed below to electronically deposit my child support payment each time payments are received in the ACDD from the Alabama Child Support Payment Center to the specified (Please check one):

CHECKING / DEBIT CARD
SAVINGS ACCOUNT

| | | |
|----------------|----------------|----------|
| Bank Name | Branch | |
| City | State | Zip Code |
| Routing Number | Account Number | |

If monies to which I am not entitled are deposited to my account, I authorize the ACDD to place a hold on my account until said amount is recovered and/or direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of child support payments by court order.

I agree to keep the ACDD informed of my current mailing address. I understand that my monies may be held by the ACDD and will not be deposited in my account if I cannot be contacted.

By signing this form, I authorize my child support payment to be sent to the financial institution named above, to be deposited to the designated account.

I certify that I am the named recipient of child support monies as ordered by the court, in Case Number **(as it appears on my ACDD child support check or court order)**; and that I have read and understand this form.

Case #: _____ . _____
(County #) (Prefix) (Year) (Eight digits including point numbers)

| | |
|------------------|-------------------------------------|
| Name (PRINTED) | Social Security Number |
| Address | Daytime telephone number (Required) |
| City, State, Zip | E-mail address (Optional) |
| Signature | Date |

In order for your request to be processed:

- **You must attach a voided check to verify bank account deposits to a Checking Account.**
- **If using a prepaid debit card please attach the cards enrollment form.**
- **An attached preprinted deposit slip or bank letter is required for deposits to a Savings Account.**
- **All blanks must be completed.**

For accuracy, verify routing numbers with your bank before submitting this form for processing.

Mail to: ACDD, P. O. Box 4960, Montgomery, Alabama 36103-4960, FAX to: 334-954-5181 or

Email to: Childsupport@alacourt.gov

For questions call toll free 1-877-774-9513

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