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 _____

(ATTACHMENT REQUIRED)

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.**

Mail to: ACDD, P. O. Box 4960, Montgomery, Alabama 36103-4960, FAX to: 334-954-5181 or
Email to: Childsupport@alacourt.gov