PA SCDU Direct Deposit Enrollment Form

The payee must fill in all the requested information in Section 1. The bank/financial institution must complete Section 2. Mail the completed form to: PA SCDU, P.O. Box 60948, Harrisburg, PA 17106-0948 Attn: Exceptions Processing Department

- The Payer <u>must advise PA SCDU</u> in writing of any account changes in order to remain enrolled in Direct Deposit.
- The account where the money is to be deposited <u>must belong</u> to the payee of the child support.
- The last name on the account <u>must match</u> the name of the payee on file in the Pennsylvania Child Support System, PACSES.

□ New Enrollment □ Account Change □ Cancel Direct Deposit

Section 1 (to be completed by payee)

Pleasé Print				
Name of Payee	ĺ	Type of Depositor Acco	ount	
		O Checking	O Savings	
Address		Depositor checking/savings account number		
City State	Zip Code	PACSES Member ID		
Area Code and Telephone Number		Payce/Joint Payce Certification I certify that I am entitled to the payment identified above and that I have read and understood the above directions to complete this form. In signing this form, I authorize my payments to be sent to the financial institution named below		
Name of Person Entitled To The Payn	nent '	to be deposited to the	he account designated on this form.	
		Signature	Date:	
Social Security Number		Signature	. Bate:	
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Section 2 (to be compl	eted by Bank/l	inancial Institu	ution)	
Name of Bank/Financial Institution		Routing number	Check Digit	
		Account Number		
Name of Bank Representative	Signature of Bank F	lepresentative	Telephone number/ Date	
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Completed forms should be sent via US Mail to PA SCDU, P.O. Box 60948, Harrisburg, PA 17106-0948 Attn: Exceptions

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