PA SCDU Direct Deposit Enrollment Form

- The payee/check recipient **must fill in** 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 to: **PA SCDU, PO Box 61216, Harrisburg, PA 17106-1216**
  Attn: Exceptions Processing Department
- When PA SCDU receives your direct deposit form and it has been correctly completed, direct deposit will begin in approximately 10 business days.

☐ **New Enrollment** ☐ **Account Change** ☐ **Cancel Direct Deposit**

Section 1 (to be completed by payee)

Please Print

Name of Payee/Check Recipient	Type of Depositor Account – check one O Checking O Savings
Street Address	Depositor checking or savings account number
City State Zip Code	
(daytime) Area Code and Telephone Number	**Payee/Joint Payee 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 to be deposited to the account designated on this form.*
PACSES 10 digit member ID number	
Social Security Number	**Signature** **Date**

Section 2 (to be completed by Bank/Financial Institution)

Name of Bank/Financial Institution	**Routing number** **Account Number**	
Name of Bank Representative	**Signature of Bank Representative**	**Telephone number**

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

05/11/06