

WI SCTF  
PO Box 07914  
Milwaukee WI 53207-0914



Wisconsin CARES About KIDS  
WI Support Collections Trust Fund

TEL: 800-991-5530  
414-615-2400  
TDD: 877-209-5209

Authorization Form: **Direct Deposit**

Please print and **complete ALL the information below.** We **WILL NOT** process forms with missing information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Your Child Support PIN Number: \_\_\_\_\_  
(Contact your Child Support Agency if you do not know your PIN)

Social Security Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_  
(See sample check or contact your bank for the routing number)

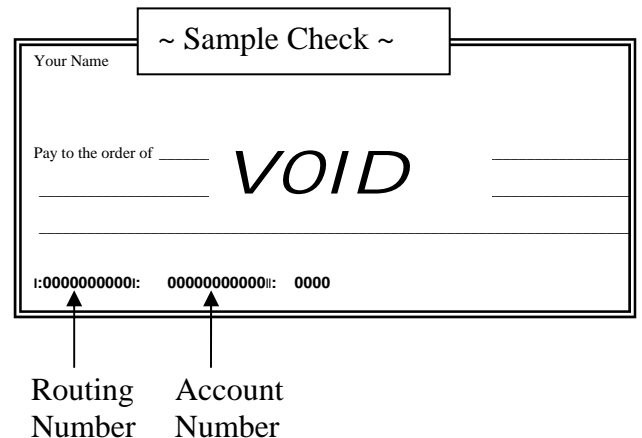
Bank Account Number: \_\_\_\_\_  
(See sample check or contact your bank for the account number)

Account Type:  Checking  Savings (Check One)

Bank Name: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

**Important**  
You **must** include a copy of your check showing the account and routing numbers.  
Write "Void" across your check



I want to:  Sign up for Direct Deposit  Change My Account  Cancel Direct Deposit (Check One)

The entire amount of my direct deposit payment:  will  will not ultimately be deposited to a financial institution outside the U.S. (Check One)

**Note:** By signing this form you authorize the WI Support Collections Trust Fund (WI SCTF) to initiate payments to the above account. You may check the date your payments were processed by the WI SCTF online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) or by calling the WI Support Collections Trust Fund at the phone numbers listed above.

It takes at least 2 business days from the date the WI SCTF processes your payment for your bank or credit union to credit a direct deposit payment to your bank account. It is very rare, but there might be further delays in the direct deposit of support payments. We recommend that you confirm the direct deposit with your financial institution to be sure the deposit transaction is complete.

**You are responsible for ensuring that there are adequate funds in your account before withdrawing funds. The Department of Children and Families and its vendors are not liable for overdraft fees and charges.**

Please sign and date this form, then mail it to the address at the top of the form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:** Sent By: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered By: \_\_\_\_\_