The Ohio e-QuickPay® Prepaid Debit Card or Direct Deposit

enrollment / authorization form

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK.

Complete all the information below and mail to: Ohio CSPC, P.O. Box 182812, Columbus, Ohio 43218-2812 or fax to 614-985-4453
(for Direct Deposit include a copy of a voided check or encoded deposit slip)

Personal Information

NAME (LAST, FIRST, AND MIDDLE INITIAL)
Please make sure this is the name as it appears on your support checks.

DATE OF BIRTH (MONTH / DAY / YEAR)

SOCIAL SECURITY NUMBER

Address (Please make sure this is your current address.)

☐ If this is an address change, please check box.

ADDRESS 1 – STREET ADDRESS

ADDRESS 2 – P.O. BOX NUMBER, APARTMENT NUMBER

CITY

STATE | **ZIP CODE** | **COUNTRY**

HOME / CELL PHONE NUMBER (PLEASE INCLUDE AREA CODE)

ALTERNATE PHONE NUMBER (PLEASE INCLUDE AREA CODE)

EMAIL ADDRESS

Please indicate your choice by checking the appropriate box.

☐ Ohio e-QuickPay® Prepaid Debit Card **OR** ☐ Direct Deposit

SETS Case Number

7

If you have more than one case, please enter one of your case numbers. All your cases will be enrolled for the choice you selected above (e-QuickPay® or Direct Deposit).

Bank Information (for Direct Deposit only)*

☐ **NEW ENROLLMENT** ☐ **BANK CHANGE**

NAME OF FINANCIAL INSTITUTION (Bank or Credit Union)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BANK TELEPHONE NUMBER ( )

Account Information

☐ **CHECKING** ☐ **SAVINGS**

ACCOUNT NUMBER

ROUTING TRANSIT NUMBER
(the 9-digit number on the bottom of your check or your deposit slip)

*** If you are enrolling for direct deposit, please insert a voided check or encoded deposit slip in the pocket of this form.**

Please sign and date the appropriate authorization section below to complete the application.

Ohio e-QuickPay® Enrollment Authorization

This authorization will remain in full force and effect until Ohio Child Support Payment Central (CSPC) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it.

I understand by signing this enrollment form and returning it to the CSPC that I am authorizing the Ohio Department of Job and Family Services (ODJFS) to post all my support payments onto the Ohio e-QuickPay® Prepaid Debit MasterCard® Card issued by Comerica® Bank, N.A.

I certify that I am at least 18 years of age. I also certify that I am entitled to the payments identified above and that I authorize my payments to be sent to Comerica Bank, the financial institution where my support payments will be held until I use them.

Notice
If you believe funds posted to your Ohio e-QuickPay® Prepaid Debit MasterCard® Card account were applied in error, contact your county CSEA. Please be aware, if you use those funds and it is an incorrect payment or an overpayment, you will be required to repay those funds.

Signature _____ Date _____

OR

Direct Deposit Enrollment Authorization

I certify that I am entitled to the payments identified above and that I authorize my payments to be sent to the financial institution named above and deposited in the account I indicated. I understand this authorization will remain in full force and effect until Ohio Child Support Payment Central (CSPC) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new form.

Notice
If you believe funds posted to your Direct Deposit account were applied in error, contact your county CSEA. Please be aware, if you use those funds and it is an incorrect payment or an overpayment, you will be required to repay those funds.

Signature _____ Date _____

Please detach and fold form, insert into envelope and seal.