

WI SCTF  
PO Box 07914  
Milwaukee WI 53207-0914



Wisconsin CARES About KIDS  
WI Support Collections Trust Fund

TEL: 800-991-5530  
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: \_\_\_\_\_

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

**I agree:** (Check One)

☐ The whole amount of my direct deposit payment **will NOT** be moved to an account **outside the United States.**

☐ The whole amount of my direct deposit payment **will** be moved to an account **outside the United States.**

**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 must call your Child Support Agency or the Trust Fund to stop direct deposit.

**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: \_\_\_\_\_

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

~ Sample Check ~

Your Name \_\_\_\_\_

Pay to the order of \_\_\_\_\_ **VOID** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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