

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

APPLICATION FOR DIRECT DEPOSIT

Check this space only if you are requesting direct deposit of your child support payments. Check this space if you already have direct deposit and you are requesting a change/update in the information below, i.e., address, last name, etc. Check this space if you want your direct deposit stopped.		
Date:		
Name:		
Address:		
City:	State:	ZIP Code:
Telephone Number:		
IV-D Number:	Social Security Number:	
Name of Financial Institution:		
Telephone Number:	Type of Account:	Checking Savings
Account Number:		
Bank Routing Number:		
Signature:		

If all information is provided and correct, direct deposit will begin within one week. If information is not complete, direct deposit of your child support payments into your bank account will be delayed.

You may stop direct deposit at any time by sending a written statement to the address or FAX number listed below.

To begin direct deposit of your child support payments, please return this form to the address or FAX number listed below:

Attention: EFT Coordinator
Child Support Enforcement

Web site: <http://chfs.ky.gov/dis/cse.htm>

An Equal Opportunity Employer M/F/D
Page 1 of 1



CS-168
(R. 3/09)
921 KAR 1:380

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

APPLICATION FOR DIRECT DEPOSIT

P.O. Box 2150
Frankfort, KY 40602-2150
FAX Number: (502) 564-7938

