

PA SCDU Direct Deposit Enrollment Form

The payee **must fill in** all the requested information in Section 1. The bank/financial institution **must complete** Section 2. Mail the completed form to: PA SCDU, P.O. Box 60948, Harrisburg, PA 17106-0948 Attn: Exceptions Processing Department

- The Payee **must advise** PA SCDU in writing of any account changes in order to remain enrolled in Direct Deposit.
- The account where the money is to be deposited **must belong** to the payee of the child support.
- The last name on the account **must match** the name of the payee on file in the Pennsylvania Child Support System, PACSES.

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

Section 1 (to be completed by payee)

Please Print

Name of Payee	Type of Depositor Account <input type="radio"/> Checking <input type="radio"/> Savings
Address	Depositor checking/savings account number
City State Zip Code	PACSES Member ID
Area Code and Telephone Number	<p style="text-align: center;"><u>Payee/Joint Payee Certification</u></p> <p style="text-align: center;"><i>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.</i></p>
Name of Person Entitled To The Payment	
Social Security Number	Signature Date:
	Signature Date:

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

Name of Bank/Financial Institution	Routing number	Check Digit
	Account Number	
Name of Bank Representative	Signature of Bank Representative	Telephone number/ Date

Completed forms should be sent via US Mail to PA SCDU, P.O. Box 60948, Harrisburg, PA 17106-0948 Attn: Exceptions Processing Department
 All incomplete or incorrect enrollment forms will be returned to the sender for correction or additions.