

**Tennessee Department of Human Services****Direct Deposit Enrollment Form For Child Support Payments**

		/ /	
Your name		Date of Birth	
Street Address		City	State Zip Code
- -		- -	- -
Social Security Number	Daytime Phone	Home Phone	

I authorize the Tennessee Child Support Enforcement Program to initiate a direct deposit of my child support payments into my **Checking** or **Savings** account (circle one).

Personal Account Number:	
Financial Institution Routing Number:	
Bank Name:	
City:	State:
<input type="checkbox"/> Check here if this is your initial request for direct deposit	
<input type="checkbox"/> Check here if this is a change. Verify old account number:	

You can mail or fax this form; please include a voided check. Your name must be on the check. If faxing, fax, to 1-615-532-2713. If mailing, mail to:

**Tennessee Department of Human Services  
ATTN: Birdie Freed  
Child Support Fiscal Services, 16<sup>th</sup> Floor  
505 Deaderick Street  
Nashville, TN 37243-1403**

In lieu of a check, you can fax/mail confirmation of your account from your bank on official bank letterhead. If you make a change in your bank account information, or close your account, you must notify the Tennessee Child Support Enforcement Program at 615-313-5348, option #4. Notice must be given at least fifteen (15) business days prior to any changes in your bank account.

I acknowledge that the origination of these transactions to my account comply with United States Law. I further authorize the Tennessee Child Support Enforcement Program to initiate debit entries to my account as may be necessary to correct any erroneous credit entry initiated.

Signature	Date

**For State Use Only:**    Member ID #