

Automatic recurring withdrawal for your child support payments

Fast, convenient, safe and efficient

What is automatic recurring withdrawal?

Automatic recurring withdrawal is an electronic method of payment. If you owe child support and you do not have your payments withheld from your income, you can authorize the Child Support Division to withdraw your child support payment from your checking or savings account.

How does automatic recurring withdrawal work?

You may authorize the Child Support Division to automatically withdraw the amount of your support obligation from your checking or savings account each month. This withdrawal can be done either once a month or twice a month – on the 5th and/or 20th of the month. When the automatic recurring withdrawal is received, we credit your case(s) with the payment. We do not charge a transaction fee for automatic recurring withdrawal. Contact your bank for information about fees they may charge. If we receive a notice from your bank that your account had insufficient funds to cover the transfer, we will attempt to obtain funds again the following day.

Why use automatic recurring withdrawal?

- Your support payments will always be made on time.
- You will receive prompt credit for the payment.
- Your payment will be made automatically on the same date(s) each month.

- You avoid the time and expense of mailing your payment.
- Your payment will not be lost in the mail.

How do I sign up for automatic recurring withdrawal?

Complete the authorization form and mail or fax it to the address/number on the form. If you want automatic recurring withdrawal from a:

- **Checking account:** include a voided blank check.
- **Savings account:** include a deposit slip preprinted with your account information or have a representative from your bank complete your account information on the form.

How do I change automatic recurring withdrawal?

To change your automatic recurring withdrawal from one account to another, you must complete a new automatic recurring withdrawal authorization form and submit it at least five business days before the next payment. The withdrawal authorization form is attached to this document and available for download at edocs.dhs.state.mn.us (search for automatic recurring withdrawal). Copies of the form are also available at your county child support agency or by calling the Child Support Help Desk at 651-431-4400 and pressing 1 and then 2 and requesting the form be mailed or faxed to you.

How do I stop automatic recurring withdrawal?

You must notify the Child Support Division by phone or in writing if you want to stop automatic recurring withdrawal or are stopping an automatic recurring withdrawal payment. Failure to notify the Child Support Division at least five days before the next payment may result in debt collection activities. You can call 651-431-4400 or mail or fax a letter to the Child Support Help Desk at:

Minnesota Child Support Payment Center
Automatic Recurring Withdrawal
PO Box 64329
St. Paul, MN 55164-0329
Fax: 651-431-7469

Automatic recurring withdrawal will stop within five business days from the date the Child Support Division receives your request.

Who do I call if I have questions?

If you have questions about automatic recurring withdrawal, your payments, or if you change your bank or bank account after starting automatic recurring withdrawal, please call the Child Support Help Desk at 651-431-4400. Calls are taken between 8:00 a.m. and 4:30 p.m. Monday through Friday.

TTY callers may call the Minnesota Relay Service at 800-627-3529. For Speech-to-Speech Relay, call 877-627-3848.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားပေးပြန်ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုတ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢနဂီၢ်မ့တမ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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For accessible formats of this information or assistance with additional equal access to human services, write to DHS.Info@state.mn.us, call 651-431-4400, or use your preferred relay service. ADA1 (2-18)

Automatic Recurring Withdrawal Authorization Form

Instructions: Complete the form, read and sign below if you have chosen automatic recurring withdrawal from a checking or savings account.

PRINT LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	HOME PHONE	WORK PHONE

Please check only one of the following:

- Checking.** I request automatic recurring withdrawal from my checking account. I have included a voided blank check for that account or have had a bank representative complete the account information on this form.*
- Savings.** I request automatic recurring withdrawal from my savings account. I have included a deposit slip preprinted with my account information or have had a bank representative complete the account information on this form.*

I request the following automatic withdrawals from this account (check only one)

- Monthly \$ _____
5th of the month **or** 20th of the month
- Semi-monthly \$ _____
5th **and** 20th of the month

***For automatic withdrawal from your checking or savings account,** have a bank representative complete the following information if you do not have a voided blank check or a preprinted savings deposit slip for this account.

To be completed by bank representative:

By signing this form you are verifying that this bank account belongs to the applicant named on this form.

ROUTING NUMBER	SAVINGS ACCOUNT NUMBER
SIGNATURE OF BANK REPRESENTATIVE	BANK/BRANCH NAME

Statement of understanding and authorization for automatic recurring withdrawal

Read and sign below if you have chosen automatic recurring withdrawal from a checking or savings account. I understand:

- By signing this form, I agree to the terms above and authorize the Minnesota Department of Human Services, Child Support Division, to withdraw support payments electronically from the account I have designated. If the account has insufficient funds to cover a withdrawal, I authorize the division to make a second attempt to withdraw the funds. If the division cannot attain the funds from my account, I understand that I am required to make this payment by other means, including but not limited to, online payment, check or other payment option. This action cancels and replaces any automatic recurring withdrawal agreement I currently have in place with the division.
- While I am not legally required to submit the information on this form, I understand that the Child Support Division requires it to set up and maintain automatic recurring withdrawal of my support. The division will share this information only with its financial institution and with the financial institution I designate on the form, and only for the limited purpose of setting up and administering automatic recurring withdrawal from my account.

SIGNATURE OF APPLICANT	DATE
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Mail or fax authorization form to:

Minnesota Child Support Payment Center
Automatic Recurring Withdrawal
PO Box 64329
St. Paul, MN 55164-0329
Fax: 651-431-7469

For office use only

Received date:

Active date: