Because Kids Matter Most

Family Support Registry

RETURN YOUR SIGNED AUTHORIZATION
by Fax to: 303-299-9122 or by Mail to: FSR • P.O. Box 2171 • Denver, CO • 80201-2171
DO NOT EMAIL unless you have the ability to send via secure email.

AUTHORIZATION: DIRECT DEPOSIT (OBLIGEE ACCOUNTS ONLY)

☐ **NEW** ☐ **CHANGE REQUEST** ☐ **CANCEL**

PERSONAL: Name (Please Print): _____
Last First Middle

Address: _____
Street Apt. No.

_____ _____ _____
City State Zip

Daytime Telephone: (_____) _____-_____ Home Telephone: (_____) _____-_____

FSR Account Number(s)(Required): _____

Note: If you have multiple FSR accounts, provide all of the account numbers. Your authorization will apply to all of your FSR accounts.

Social Security Number: _____

Note: Provision of your Social Security Number is voluntary. However, if you fail to provide your Social Security Number, we will not be able to process your request. Social Security Numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments.

BANK: Bank Name: _____

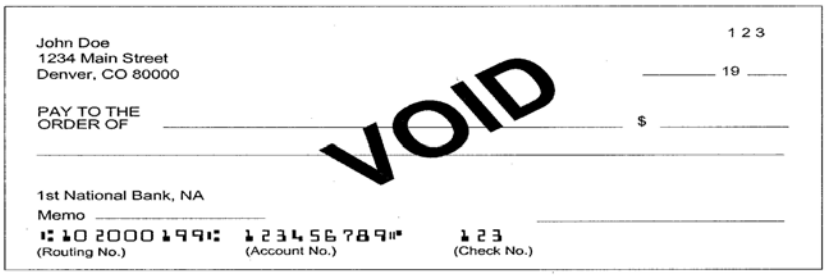
Branch Location: _____

Account Type (Check One): ☐ Checking ☐ Savings

Bank Routing Number: _____

Bank Account Number: _____

EXAMPLE: Your bank routing number is identified by the symbols ⑆ before and after the number at the bottom of the check.
Your bank account number is identified by the symbol ⑈ after the number at the bottom of the check



If you do not have a voided check or this is a savings account, have a bank representative complete the above bank information.

Attach Voided Check Here

- I understand this form authorizes the Family Support Registry to initiate credits and correcting debits to the above account. A debit (withdrawal) to this account will only occur if a credit (deposit) is originated in error. I will receive notification if a debit to my account occurs.
- I understand that any request for changes to this authorization must be received at least three (3) business days before the next payment is scheduled to be disbursed to your bank account.
- I understand that the availability of funds is dependent on the posting schedule of my bank and it is my responsibility to verify availability.

SIGNATURE: _____ **DATE:** _____

FSR
P.O. Box 2171·Denver, CO· 80201-2171
Metro Denver 303-299-9123 · Nationwide 1-800-374-6558

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