

## PA SCDU Direct Deposit Enrollment Form

- The payee/check recipient **must fill in** all the requested information in Section 1.
- **The bank/financial institution must complete Section 2**
- The payee/check recipient **must advise** PA SCDU in writing of any account changes in order to remain enrolled in direct deposit.
- The payee/check recipient's name, address and Social Security number **must match** the information on file in the PA Child Support Enforcement System, PACSES.
- The account where the money is to be deposited **must belong** to the payee/check recipient of the support order.
- Mail the completed form to: **PA SCDU, PO Box 61216, Harrisburg, PA 17106-1216**  
**Attn: Exceptions Processing Department**
- When PA SCDU receives your direct deposit form and it has been correctly completed, direct deposit will begin in approximately 10 business days.

<input type="checkbox"/> <b>New Enrollment</b>	<input type="checkbox"/> <b>Account Change</b>	<input type="checkbox"/> <b>Cancel Direct Deposit</b>
<p><b><u>SECTION 1 (To be Completed by Payee)</u></b> Please Print</p>		
Name of Payee/Check Recipient	Type of Depositor Account – check one <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Street Address	Depositor checking or savings account number	
City                                      State                      Zip Code	<p style="text-align: center;"><b><u>Payee/Joint Payee Certification</u></b> <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>	
Daytime Area Code and Telephone Number		
PACSES 10-digit member ID number		
Social Security Number  - -		
Signature		Date
<p><b><u>SECTION 2 (To be Completed by Bank/Financial Institution)</u></b></p>		
Name of Bank/Financial Institution	Routing number	
	Account Number	
Name of Bank Representative	Signature of Bank Representative	Telephone number/ Date

**ALL INCOMPLETE OR INCORRECT ENROLLMENT FORMS WILL BE RETURNED TO THE SENDER FOR CORRECTION OR ADDITIONS.**