

**South Dakota Department of Social Services, Division of Child Support  
Child Support Payment Authorization Form**

<b>PERSONAL INFORMATION (Please Print)</b>			
Name (First, Middle, Last):			
Mailing Address:		Apartment Number:	
City:	State:	Zip Code:	
Country:			
Daytime Telephone:		Social Security Number:	
Disclosure of the Social Security number is requested for purposes of ensuring correct identification of individuals in the state case registry. Social Security numbers are required to be included in the state case registry pursuant to 42 USC 654a(3) and (e)(4)(D). Failure to disclose this information will affect enrollment in the direct deposit option.			
<b>Please select from the available options:</b>			
<input type="checkbox"/> <b>OPTION #1: DIRECT DEPOSIT</b> (effective as soon as form is processed by DCS office)			
Financial Institution Name:			
Financial Institution Routing Number:			
Financial Institution Account Number:			
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
By selecting Direct Deposit, I authorize the Division of Child Support (DCS) to credit my child support payments to the above account and, if necessary, reverse any incorrect payments made in error. <u>I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers.</u> I further acknowledge that I must notify the DCS immediately, in writing, if my account is closed. Your name must appear on the account. Child support payments will be received by your bank within two to three business days after the DCS applies the payment. <b>***Remember to attach a voided check/copy of check to this form or a letter from your financial institution including your routing number and account number. Do not attach a deposit slip; the routing number is not always correct.***</b>			
<input type="checkbox"/> <b>OPTION #2: U.S. BANK RELIACARD</b> (effective as soon as enrolled by DCS office)			
<b>*Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, U.S. Bank will ask for your name, address, date of birth and other information that will assist them to identify you. U.S. Bank may also ask to see your driver license or other identifying documents.</b>			
As soon as we receive your form, we will process your enrollment. Your card will arrive through the mail within 5-7 business days of your enrollment. For security reasons, your card will arrive in a plain, white, windowed envelope with a Fargo, North Dakota or Indianapolis, Indiana return address. You must activate your card to receive your payments. If you opt for the ReliaCard, you may experience a delay in receiving your initial child support payment to ReliaCard if the card has not yet arrived to your address. Child support payments will be deposited to your U.S. Bank ReliaCard within two to three business days after DCS applies the payment.			
<input type="checkbox"/> <b>OPTION #3: Exemption Request</b>			
I am requesting an exemption from electronic payment of my child support because:			
<input type="checkbox"/> There is no ATM or financial institution that allows Visa cash advances within 50 miles of my home or employer location, and I am unable to establish a checking or savings account at a financial institution. (You must include documentation that a financial institution denied an application to establish an account or that a financial institution has involuntarily closed your account within the past 12 months.)			
<input type="checkbox"/> I am currently involved in legal proceedings, such as bankruptcy, which requires payments to be sent to a trustee or other representative payee. (Please attach documentation.)			
<input type="checkbox"/> I have a court-appointed guardian or conservator. (Please attach documentation.)			

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed form to:**  
**Division of Child Support**  
**Direct Deposit Coordinator**  
**700 Governors Drive**  
**Pierre, SD 57501**