



Because Kids Matter Most

Family Support Registry

AUTHORIZATION: PAY-BY-PHONE

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 (Required): _____

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: _____

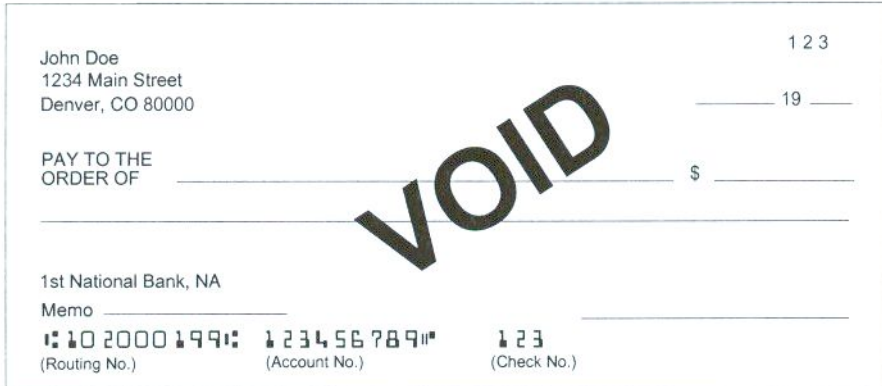
Branch Location: _____

Account Type (Check One): Checking Savings

Bank Account Number: _____

Bank Routing Number: _____

Example: Your bank account number is identified by the symbol #* after the number at the bottom of the check.
Your bank routing number is identified by the symbols @ before and after the number at the bottom of the check.



BE SURE TO INCLUDE A VOIDED CHECK OR DEPOSIT SLIP SHOWING THE ACCOUNT NUMBER AND ROUTING NUMBER SPECIFIED ABOVE.

Continue Pay-By-Phone Authorization Until (check one):

- I submit a request, in writing, to change or cancel this authorization.
- The date of ____/____/____ (No transactions will occur on or after this date.)

Note: Pay-by-Phone is a convenience to you. You are still required to meet all court ordered payments on time. Additional payments may still be made by mail. Continue making all payments in full until you have received notification from the Family Support Registry telling you when Pay-by-Phone authorization becomes effective.

SIGNATURE: _____ **DATE:** _____