



**State of Maryland, Child Support Enforcement Administration  
Child Support Direct Deposit Authorization**

**Instructions for completion:**

- Print all requested information.
- Choose one of the Direct Deposit Actions.
- Attach a copy of Driver's License, State Issued Identification Card or a Valid Passport. The name on the identification must match the name of the applicant.
- **Attach a Voided Check for the checking account in which the direct deposit will be sent. The name on the check must match the name of the applicant.**  
Note: Starter Checks are not acceptable, starter checks are identified as check that do not have a printed name and address information or have a check number less than 101. Savings accounts are not acceptable.
- Read and Sign the Authorization portion of this form.
- Send the complete forms with the necessary attachment to:

**CSEA, Direct Deposit Enrollment Application  
P.O. Box 17615  
Baltimore, MD 21297**

<b>Name:</b> (first, middle initial, last)		<b>Social Security Number:</b> (Must be the complete number)	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	
<b>Daytime Telephone Number:</b>			

**Choose one of the following actions:** (Place an X beside the option)

<input type="checkbox"/>	New Direct Deposit to Checking Account	(4 to 6 weeks to begin)
<input type="checkbox"/>	Change existing Direct Deposit bank and/or bank account number <small>Note: Paper check will be sent until the new Direct Deposit becomes effective.</small>	(21 Days)
<input type="checkbox"/>	Discontinue Direct Deposit and issue paper checks instead. <small>Note: Voided Check is not necessary with this option.</small>	(21 Days)

**Authorization Agreement**

I hereby authorize **The State of Maryland** to initiate automatic deposits to my account at the financial institution provided by me through my voided check. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by off-setting the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit had been recovered, in full.

Further, I agree not to hold **The State of Maryland** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The State of Maryland** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the State of Maryland.

**Signature**

**Authorized Signature (Primary):**

**Date:**

**Unsigned applications, incomplete applications or failure to submit required documentation will result in your application not being processed and will be rejected.**