## North Carolina Child Support Enforcement Automatic Withdrawal Authorization Form for Bank Draft

SECTION 1 — PAYOR INFORMATION (Complete for the person responsible for paying child support)						
Type of Transaction New Change Cancellation						
NAME (Last, First, Middle)				SOCIAL SEC	CURITY NUMBER	MPI NUMBER
ADDRESS (PO Box or Street Address)				TELEPHONE NUMBER (Including Area Code)		
ITY STATE ZIP				EMAIL ADDRESS (optional)		
SECTION 2 — BANK ACCOUNT AND WITHDRAWAL INFORMATION (Complete for the person whose bank account will be drafted)						
When setting up a new bank draft your bank account must be verified. Allow 10 business days after your authorization is received before your first withdrawal occurs. ~Please allow five days for mail delivery. During the time it takes to process the authorization and validate the bank account, you must continue to make support payments by another method. ~ A bank account draft change must be received 2 business days before the scheduled withdrawal date.						
FINANCIAL INSTITUTION NAME*				TELEPHONE NUMBER (Including Area Code)		
ROUTING NUMBER	G NUMBER ACCOUNT NUMBER				ACCOUNT TYPE CHECKING SAVINGS	
ACCOUNT HOLDER NAME (Last, First, Middle)  ACCOUNT HOLDE					ACCOUNT HOLDER S	SOCIAL SECURITY NUMBER
ACCOUNT HOLDER ADDRESS (PO Box or Street Address)					ACCOUNT HOLDER TELEPHONE NUMBER	
CITY	STATE ZI			ACCOUNT HOLDER EMAIL ADDRESS (optional)		
WITHDIG WEEKET DEVEKT TWO WEEKS				HDRAWAL:	WED THURS	DATE PAYMENTS SHOULD BEGIN
WITHDRAW PAYMENT: MONTHLY SEMI-MONTHLY DATE(S) FOR WITHDRAWAL ONE-TIME ONLY PAYMENT (Semi-monthly payments must be scheduled 15 days apart)						WITHDRAWAL AMOUNT \$
*If you are submitting a new or different financial institution, SECTION 2 – BANK ACCOUNT AND WITHDRAWAL INFORMATION must be completed including payment withdrawal information.						
If a withdrawal falls on a Saturday, Sunday, or bank holiday, the payment will be withdrawn on the following business day. The payment will apply to your child support account on the same day.						
SECTION 3 — AUTOMATIC WITHDRAWAL AUTHORIZATION						
I hereby authorize the above withdrawals from my account for payment to NC Child Support. I understand this authorization does <b>NOT</b> exempt me from any enforcement actions allowable under state and federal law. If my account balance is insufficient to fund any authorized withdrawal, I further authorize the withdrawal of any and all such unpaid amounts, together with all applicable fees and penalties, on any date that funds may be available in my account. I understand that NC Child Support may terminate my automatic withdrawal enrollment if my financial institution does not honor my withdrawal authorization because of insufficient funds, a stop payment, or a closed account, etc. Any resulting debt to NC Child Support is subject to collection action. A fee of \$25.00 and other penalties as provided by law will be charged for any returned item.						
ACCOUNT HOLDER SIGNATURE			RELAT	IONSHIP TO I	PAYOR (from Section 1)	DATE SIGNED

A draft payment cannot replace federally mandated wage withholding. This draft will be in addition to wage withholding.

Please include a voided blank check or deposit ticket. Do not tape or staple.

Mail authorization form and a voided blank check or deposit ticket to: NC Child Support Centralized Collections

P. O. Box 900020 Raleigh, NC 27675-9020

Or fax to: 919-787-6055

For Assistance Call Customer Service: 1-877-361-5437 between 8:00 A.M. and 5:00 P.M., Monday through Friday