EPW – ELECTRONIC PAYMENT WITHDRAWAL ENROLLMENT/AUTHORIZATION

* = Required fields. Incomplete authorizations may be returned to you, causing a delay in your request.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK. Forms completed with red ink or pencil will be returned.

IDENTIFICATION

CSP Case Number: (ONE FORM IS NEEDED PER CASE) 0 _____ 41

*** Legal Name:** _____

LAST, FIRST, M I

***Date of Birth:** ____ / ____ / _____ (mm/dd/yyyy)

***Social Security Number:** ____ - ____ - ____

***Current Address** _____

Street Address (P.O. Box # / Apt #,) City, State, Zip Code

***Contact Phone #** ( ) _____ **Alternate Phone #** ( ) _____

Cell Phone # ( ) _____ **Email:** _____

I would like to receive future messages by text to my cell phone number listed above. This a free service provided by the Child Support Program (CSP), but my carrier may charge me fees. **[ ]** YES **[ ]** NO

I give the CSP permission to leave a detailed message about this form if needed. **[ ]** YES **[ ]** NO

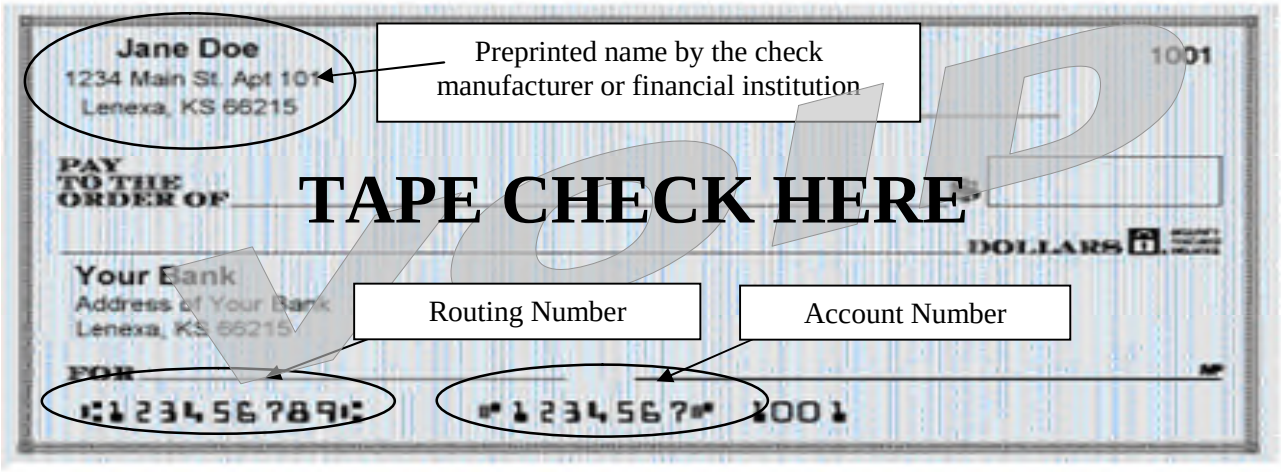
BANK OR CREDIT UNION INFORMATION

***Name of Financial Institution:** _____ **[ ] *Checking** **[ ] *Savings**

FI Phone # ( ) _____ ***Name of Account Holder:** _____

***Routing Transit Number:** _____ ***Account Number:** _____

⇩⇩ ATTACH A VOIDED CHECK IDENTIFYING YOU AS A SIGNER ON THIS ACCOUNT ⇩⇩



Send completed authorization to DOJ / DCS, P.O. Box 14320, Salem, OR 97309, OR Fax to (503) 986-2416

EPW – ELECTRONIC PAYMENT WITHDRAWAL ENROLLMENT/AUTHORIZATION

* = Required fields. Incomplete authorizations may be returned to you, causing a delay in your request.

	If you do not have checks, you must attach a letter from your Financial Institution, stamped/signed by them, on their letterhead that identifies: - You as a signer on the account - Your routing number - Your complete account number - Provides your name	In lieu of a letter, your Financial Institution representative may sign or teller stamp in this box verifying the bank information you have provided above is complete and accurate:

WITHDRAW INFORMATION

You may choose to have payments withdrawn once or twice per month.

- Withdraw dates may be specific dates (example the 1st and the 15th of each month); or
- Withdraw dates may be recurring dates (the 1st Thursday and 3rd Friday of each month);
- Your withdraw dates may be any combination of these date types.

***FIRST MONTHLY WITHDRAW** ***Amount Of First Withdraw**: $ _____

On The _____ Of Each Month (Specific Date) **OR** On The _____ (Specific # (1st, 2nd, 3rd, 4th)) _____ Of Each Month (Day of Week)

***SECOND MONTHLY WITHDRAW** ***Amount Of Second Withdraw**: $ _____

On The _____ Of Each Month (Specific Date) **OR** On The _____ (Specific # (1st, 2nd, 3rd, 4th)) _____ Of Each Month (Day of Week)

FOR EPW 1

Your withdraw date must be **ON OR BEFORE** your court ordered due date and your total withdraw per month must equal your court ordered monthly amount.

***AUTHORIZATION:**

I grant the Oregon CSP authority to withdraw regularly scheduled and ordered payments from the financial institution account and for the case number listed above. This authorization will remain in effect until I ask the CSP to stop the withdrawals in writing a minimum of 15 days prior of my next scheduled payment.

For EPW1, payments will be withdrawn from this account on or before the court ordered due date in the month that the payment is due. I also authorize the CSP to make future adjustment(s) to the withdrawal amount if a change in the support payment amount occurs. The CSP will provide notice to me prior to implementing any change in the withdrawal amount.

I understand that my EPW may be cancelled without my written consent if I fail to meet the requirements of this program. I understand that I am responsible for making support payments by another method (check, money order, etc.) until this authorization becomes effective.

I understand that if the account listed above is a joint account, all signers to that account must give authorization by signing below. I understand that if the joint signers below later revoke their authorization I will be required to provide new banking information. I understand that I will be required to complete a new authorization form with updated banking information to continue making my payments by EPW.

Primary Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Questions?

If you have any questions about this form please contact 1-800-850-0228 or visit the Oregon Child Support Program website at: oregonchildsupport.gov

Send completed authorization to DOJ / DCS, P.O. Box 14320, Salem, OR 97309, OR Fax to (503) 986-2416