



Oregon Department of Justice

Oregon Child Support Program

Supporting Parents to Support Children

U.S. Bank ReliaCard® Enrollment Authorization Form

Send signed completed authorization to:

Oregon Child Support Program

PO Box 14320

Salem, OR 97309

OR fax to **503-986-2416**

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK. Applications completed with other colored ink or pencil will be returned.

*Required fields. Incomplete Authorization Forms may be returned to you causing a delay in your request.

Select one:

☐ Deposit payments for **ALL** my active cases into a ReliaCard account.

☐ I currently have direct deposit. I want to cancel direct deposit and begin depositing my payments into a ReliaCard account for:

☐ **ALL** my cases

☐ **ONLY** the following cases:

Case # _____ Case # _____ Case # _____ Case # _____

☐ More case numbers are listed under my signature below or on an attached piece of paper.

PERSONAL INFORMATION

*Name: (Your name as currently listed on your support case) _____
LAST FIRST MI

*Date of Birth (mm/dd/yyyy): _____ *Social Security Number: _____

*Current Address: Street Address (PO Box # / Apt #), City, State, Zip Code, Country

*Contact Phone #: _____ Alternate Phone #: _____

Please check this box to give the Oregon Child Support Program permission to leave a detailed message about this application if needed: ☐

***AUTHORIZATION:** I certify I am entitled to the payments for the cases listed above. I authorize the Oregon Child Support Program to initiate credit entries of my child support payments, and if necessary, debit entries for transactions made in error, into the ReliaCard account. I understand my payments will continue to be deposited in the ReliaCard account and this authorization will remain in full force and effect, until the program receives written notification from me of termination or change of account or financial institution, at such time and in a manner to provide a reasonable opportunity to act on it. To discontinue deposits into the ReliaCard account, I will complete and submit a new Authorization Form. By signing this form, I authorize U.S. Bank ReliaCard to assist the Oregon Child Support Program in verifying the information provided by me on this application.

*Date

*Signature

Information about fees associated with ReliaCard may be found on the Oregon Child Support Program website at: OregonChildSupport.gov. If you have any questions about this form, call 800-850-0228 or visit our website at: OregonChildSupport.gov.

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