

ARIZONA DEPARTMENT OF CHILD SAFETY
Payment Unit



DCS ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)
AUTHORIZATION AGREEMENT

Please read and understand all terms and conditions on the back of this agreement. Complete the agreement per the instructions at the bottom of this form. We are unable to process incomplete forms.

Required fields

Payee Name _____

Soc. Sec. No. or Tax I.D. No. _____

New Change Cancel

Action _____

Name of Financial Institution _____

Address Line 1 _____

Personal Business Checking Savings

Ownership of Account | Type of Account

City | State | ZIP

Routing Transit Number
_____|_____|_____|_____|_____|_____|_____|_____|_____|

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32)

Daytime Contact No. _____

Account Number
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

(Cannot exceed 15 characters)

Email Address _____

Required Documentation

Attach a direct deposit set up form from your financial institution showing Your Name, the Routing Number and your Account Number. Alternately, if the new account is a checking account, you can attach a VOID check that includes your name and address.

Signature

By signing this authorization agreement, I certify that I have read and understand all terms and conditions on the back of this agreement. I am an authorized signer for the account I am adding or changing. I authorize the DCS Payment Unit and the financial institution to process credit and debit entries and adjustments to the bank account stated above on this form. I will also notify the DCS Payment Unit of any changes to my email address. I understand that my enrollment in Direct Deposit may be canceled if my email address is incorrect. If the DCS Payment Unit is notified by my financial institution of changes affecting this direct deposit, the DCS Payment Unit is authorized to make applicable changes. This authorization is to remain in effect until a new authorization or a written request to cancel is received and processed.

Payee Signature _____

Date _____

How to complete this form

1. Read and understand all terms and conditions on the back of this agreement.
2. Fill in all boxes above, sign and date the agreement.
3. Attach a direct deposit set up form from your financial institution showing Your Name, the Routing Number and your Account Number. Alternately, if the new account is a checking account, you can attach a VOID check that includes your name and address.
4. Return this agreement to DCS Payment Unit:
By mail to: **DCS Payment Unit - C010-01**
P.O. Box 6030
Phoenix, AZ 85005-6030
In person to: **DCS Payment Unit - C010-01**
3003 N. Central Ave. Suite 108
Phoenix, AZ 85012-2903
By email to: **Childseft@azdcs.gov**
5. To update EMAIL ADDRESS ONLY, email childseft@azdcs.gov with PROVIDER ID number, old email address and new email address. This form is not required for email address change only.

JOHN PUBLIC 1234
123 Main Street _____ 20
Your Town, AZ 12345

_____ \$ _____
DOLLARS

Your Town Bank
Your Town, AZ 12345

For _____

Routing Transit Number: I: 2500000005 I: 1234556789022

Account Number: _____

NOTE: The account and routing number may appear in a different place on your check.

ARIZONA DEPARTMENT OF CHILD SAFETY
Payment Unit



**DCS ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)
AUTHORIZATION AGREEMENT**

Terms and Conditions for Participating in the DCS Electronic Funds Transfer Program

To participate in Direct Deposit:

1. Your financial institution must be a member of the Automated Clearing House (ACH). It is your responsibility to check with your financial institution prior to completing this enrollment form.
2. An active email address is required to participate in Direct Deposit.
3. To begin the enrollment process in Direct Deposit, complete this DCS Electronic Funds Transfer Authorization Agreement with your correct information, sign and date, attach required documents, and submit to the DCS Payment Unit.
4. Required Documentation
 - a. Attach a direct deposit set up form from your financial institution showing Your Name, the Routing Number and your Account Number. Alternately, if the new account is a checking account, you can attach a VOID check that includes your name and address. Deposit slips cannot be accepted.
5. Once the complete DCS Electronic Funds Authorization Agreement is received by the DCS Payment Unit with required documentation, it will be processed within 2 weeks. Until then you will continue to receive paper checks.
6. Once your direct deposit is active, the standard turn-around time for deposit into your account is 72 hours from the time the DCS Payment Unit issues the funds. You should always verify that the transfer has been made to your account prior to withdrawing any funds.
7. If a DCS Electronic Funds Transfer is returned to the DCS Payment Unit or cannot be made to your account for any reason, the DCS Payment Unit will issue a check to you. This process could take up to 2 weeks.
8. It is your responsibility to complete and submit a new DCS Electronic Funds Transfer Authorization Agreement notifying DCS immediately of any changes/cancellations that may affect your DCS Electronic Funds Transfer.
 - a. Requesting a CHANGE to your agreement:
 - i. Complete a new agreement.
 - ii. Indicate "CHANGE" as the ACTION, and enter your new financial institution Routing Number and/or Account Number.
 - iii. Attach required documentation. See #4.
 - iv. Once your DCS Electronic Funds Transfer Authorization Agreement is received and processed by the DCS Payment Unit, the change becomes effective immediately.
 - b. To CANCEL your enrollment in Direct Deposit:
 - i. Complete a new agreement.
 - ii. Indicate "CANCEL" as the ACTION.
 - iii. Once your DCS Electronic Funds Transfer Authorization Agreement is received and processed by DCS the cancellation becomes effective immediately.
9. The DCS Payment Unit reserves the right to temporarily suspend or cancel your enrollment in this program at any time. This enrollment may also be automatically canceled by your financial institution.
10. The DCS Payment Unit reserves the right to cancel your enrollment in this program if your email address changes and the DCS Payment Unit is not notified, or if the DCS Payment Unit receives notice that email sent to your email address on record is undeliverable.
11. If you have any questions regarding this form or Direct Deposit, please call the DCS Payment Unit at 602-255-3300, Monday through Friday, 8 a.m. to 5 p.m., Mountain Standard Time.



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.