



Date: _____

Case Number: _____

Dear _____:

Enclosed is the *Authorization for Automatic Withdrawal* form (470-2602) you requested. Because the court order will state that support must be paid on

the _____ of each _____, you must state on the authorization form that the support is to be withdrawn from your account on the _____ of each _____. When you enter the amount to be withdrawn, include:

- current support of \$ _____ per _____
- accrued support of \$ _____ per _____
- cash medical support of \$ _____ per _____

for a total of \$ _____ to be withdrawn from your account on the _____ of each _____.

Return the following information in the enclosed envelope by _____:

- *Authorization for Automatic Withdrawal*, completed and signed.
- Voided blank check or deposit slip.

If you have any questions, please call me.

Foster Care Recovery Unit

IMPORTANT.....PLEASE READ THIS INFORMATION CAREFULLY

When the administrative order has been filed, we will forward your completed authorization for automatic withdrawal form to the Collection Services Center. It will take approximately two weeks until your child support payments are withdrawn from your account.

PLEASE NOTE: If you make changes to your bank account, contact the Collection Services Center **immediately in writing or by telephone at least one week prior to the date you want the automatic withdrawal stopped so we do not take money from your account in error.** Changes to your account could include the following:

- ◆ closing your account,
- ◆ changing banks,
- ◆ changing the account the support amount should be withdrawn from, or
- ◆ if you want your automatic withdrawal stopped.