

Alaska Department of Revenue  
**Child Support Services Division**

Please Reply To:  
CSSD, MS 12  
550 W. 7<sup>th</sup> Ave., Suite 310  
Anchorage, AK 99501-6699  
www.childsupport.alaska.gov

## CSSD Check Reissue Request

Date of Request: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check number: \_\_\_\_\_

Check number: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Please issue a Stop Pay on the above noted check(s) for the following reason:

Never Received

Lost

Stolen

Other

I agree not to cash this/these check(s) if received and will return it/them to the Child Support Services Division. If I cash this/these checks I am giving CSSD permission to automatically recover these amounts from Future Monthly Support Obligations.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
Date received in SDU

\_\_\_\_\_  
Date request completed

CSSD 04-1013 (Rev: 06/13/11)

TOLL FREE (In-state, outside Anchorage): (800) 478-3300

SOUTHEAST: (907) 465-5887

MAT-SU: (907) 357-3550

ANCHORAGE: (907) 269-6900 FAX: (907) 787-3322

FAIRBANKS: (907) 451-2830

TDD machine only: (907) 269-6894 / TDD machine only, toll free (In-state, outside Anchorage): (800) 370-6894

# Authorization Form for Visa Debit Card or Direct Deposit to Bank Account

Please check one:  New  Change or  Cancel

Custodial Parent's Name (please print) \_\_\_\_\_

CSSD member ID # \_\_\_\_\_\* First Middle Initial Last

\*This is the 8 digit Member Number assigned to you by CSSD, not your 9 digit case number.

Mailing Address \_\_\_\_\_  
Street Address or PO Box City State Zip

Daytime Phone ( ) \_\_\_\_\_ Social Security Number\*\*  
(required for debit card) \_\_\_\_\_

Date of Birth / / \_\_\_\_\_ Your Mother's Maiden Name  
(required for debit card) \_\_\_\_\_

\*\*The disclosure of your social security number for direct deposit is voluntary. We will use your social security number to assist in the identification of your bank and financial account.

Please choose only one of the below options for electronic deposit of your child support payments.

**OPTION 1: Alaska Visa Debit Card** – please check the box if you would like to receive your child support payments this way and complete the information below.

By signing this form, I authorize the State of Alaska Child Support Services Division (CSSD) to share with JPMorgan all of the information I provide on this form. CSSD will share this information with JPMorgan for the purpose of establishing an Alaska Child Support Visa Debit Card account for me at JPMorgan and to process my child support payment to JPMorgan. I authorize CSSD to deposit my child support payments to this account. Upon authorization of my account with JPMorgan, I agree to be bound by the Alaska Debit Card Disclosure Statement and User Agreement that I will receive with my card.

Signature (required) \_\_\_\_\_ Date (required) \_\_\_\_\_

**Regular ATM fees may apply. If you choose this option, see Alaska Debit Card Disclosure Statement and User Agreement when you receive the card.**

**OPTION 2: Direct Deposit into your checking, savings or other bank account** – please check the box if you would like to receive your child support payments this way and complete the information below. **In order to have your child support payment electronically deposited into your bank account you MUST attach a preprinted voided check or deposit slip to this form. This will be used to verify the name, bank routing number, and account number.**

I authorize the State of Alaska CSSD to make **Direct Deposits** to the account shown below (please note that the name on the bank account **MUST match** the name on the CSSD case).

Name of bank or financial institution: \_\_\_\_\_

Account Type  CHECKING  SAVINGS  OTHER \_\_\_\_\_

I authorize the State of Alaska CSSD to make necessary adjustments to the above account to correct any credit entries made in error. I understand that the CSSD will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have an open child support case with the State of Alaska CSSD. I understand that 30 days written notice is required to change financial institutions, account numbers, or account type and that I must notify CSSD if I close my account or change my mailing address.

**PLEASE REMEMBER TO ATTACH A PREPRINTED VOIDED CHECK OR DEPOSIT SLIP.**

Signature (required) Date (required) Daytime Phone (required)