Because Kids Matter Most

Family Support Registry

AUTHORIZATION: RECURRING AUTOMATIC WITHDRAWAL

☐ **NEW** ☐ **CHANGE REQUEST** ☐ **CANCEL**

PERSONAL: Name (Please Print): _____
Last First Middle

Address: _____
Street Apt. No.

_____
City State Zip

Daytime Telephone: (____) _____ - _____ Home Telephone: (____) _____ - _____

FSR Account Number (Required): _____

Social Security Number: _____

Note: Provision of your Social Security Number is voluntary. However, if you fail to provide your Social Security Number, we will not be able to process your request. Social Security Numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments.

BANK: Bank Name: _____

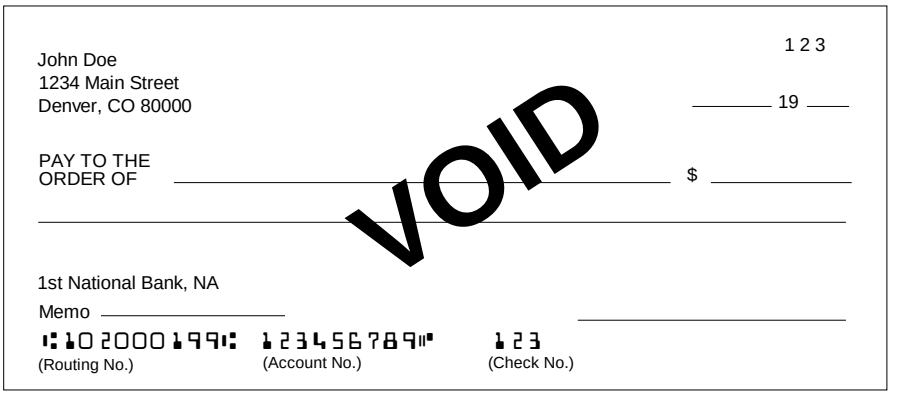
Branch Location: _____

Account Type (Check One): ☐ Checking ☐ Savings

Bank Routing Number: _____

Bank Account Number: _____

Example: Your bank routing number is identified by the symbols ⑆ before and after the number at the bottom of the check.
Your bank account number is identified by the symbol ⑈ after the number at the bottom of the check.



BE SURE TO INCLUDE A **VOIDED** CHECK SHOWING THE ACCOUNT NUMBER AND ROUTING NUMBER SPECIFIED ABOVE.

Amount of Withdrawal and Frequency (check one):

☐ $_____ Monthly on the _____ day of the month (1-28 only)

☐ $_____ Semi-monthly (twice a month) on the _____ and _____ (1-28 only)

☐ $_____ Weekly: Day of the week _____ (Mon.-Fri.)

☐ $_____ Bi-weekly (every other week): Day of the week _____ (Mon.-Fri.)

Continue Withdrawals Until (check one):

☐ I submit a request, in writing, to change or cancel this authorization.

☐ The date of ____/____/____ (No transactions will occur on or after this date.)

Note: Automatic withdrawal is a convenience to you. You are still required to meet all court ordered payments on time. Additional payments may still be made by mail. Continue making all payments in full until you have received notification from the Family Support Registry tellling you when automatic withdrawals will begin.

SIGNATURE: _____ **DATE:** _____

Please mail original, signed authorization to:

FSR
P.O.Box 2171 • Denver, CO • 80201-2171
Metro Denver 303-299-9123 • Nationwide 1-800-374-6558

Revised 11/1/05