



Support Enforcement Program
Direct Deposit Request Form

Name:	SEP Account Number:
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Bank Name:	
Address:	
Bank Account #	
Bank Transit #	

Note: The transit number is used to identify your bank branch. If you are not sure what this number is, call your branch.

I _____, hereby authorize the Director of Support Enforcement to deposit all my support payments electronically into my bank account.

Signature: _____ Date: _____

***** For Office use only. Do not write below this line*****

Entered by: _____ Date: _____

Verified by: _____