

Electronic Payment Authorization Form

Return this completed form to:
Department of Family Services
State Disbursement Unit
P O Box 1027
Cheyenne WY 82003

1-888-570-9914
1-307-777-5300
Fax 1-307-777-5301

Name _____

Social Security Number _____

Address _____

Home Number () _____

Work Number () _____

Date of

Birth _____ / _____ / _____

Email _____ @ _____

Address _____

☐ New Address?

Your Mother's Maiden Name _____ (Required for ReliaCard Visa enrollment only)

I am enrolling in U.S. Bank ReliaCard Visa ☐

Sign Here for ReliaCard Visa Enrollment:

By signing this form, I authorize the Wyoming Department of Family Services (State agency) to share with U.S. Bank N.A. (Bank) all of the information I provide on this form. The State agency will share this information with the bank for the purpose of establishing a U.S. Bank ReliaCard Visa account for me at the Bank and to process all my child support payments to the Bank. I authorize the State agency to deposit all my child support payments to this account. This action cancels and replaces any direct-deposit agreement I currently have in place with the State agency. Upon authorization of my account with the Bank, I agree to be bound by the Cardholder Agreement that I will receive with my card.

Signature (required) _____

Date (required) _____

I am enrolling in Direct Deposit ☐

Please fill out the below information if you are choosing Direct Deposit.

For direct deposit into a checking account, please attach a photocopy of a check or a voided check. For direct deposit into a savings account, please attach a completed Direct Deposit form available at your bank. Do not attach a deposit slip as it does not contain sufficient information needed for processing. **If a voided check, photocopy of a voided check or a completed Direct Deposit form is not attached, you will not be set up as an EFT payee.** A warrant (check) will not be generated, nor will check stub information be sent out. Your bank statement will provide information on deposits from the Department of Family Services State Distribution Unit.

ABA Routing Number: _____

Bank Name: _____

Bank Account Number: _____

Bank Address: _____

Bank Account Type: (Circle one) C-Checking
S-Savings

Bank City, State, Zip: _____

Bank Phone Number: _____

Sign Here For Direct Deposit Enrollment

I, the undersigned, authorize the Wyoming Department of Family Services to initiate accounting transactions to deposit all my child support payments directly to the account indicated above and to correct any error which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Wyoming Department of Family Services receives written notice or cancellation from me.

Signature (required) _____

Date (required) _____

Disclosure of your Social Security Number is mandatory. The disclosure is required by section 205(c)(2)(C) of the Social Security Act [42 U.S.C. 405(c)(2)(c)] or section 466(a)(13)(B) of the Social Security Act [42 U.S.C. 666(a)(13)(B)]. It will be used by the Wyoming Child Support Enforcement Program to identify you for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. For the same reasons, you might be asked for your Social Security Number again when you contact a state or local child support office.