



Direct Deposit Form

Payer's Company Name: _____

Name of Recipient of Support: _____

Payer's Name: _____

Recipient's Phone Number: _____

Payer's SSN: _____

Case ID number: _____

New setup?

Update to address Required?

Direct deposit cancellation

Name: _____

New Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Entering a new mailing address above, will serve as your official request to update your address on file with ADP.

Direct Deposit Authorization

By your signature on this form, you hereby authorize ADP to make direct deposits into the checking account number specified above for your applicable child or spousal support payments. Please allow 10 to 15 business days for processing. Please note that ADP Wage Garnishments Processing Service can currently deposit funds into the Custodial Parent's checking account only. ADP shall not be liable in the event the ABA or DDA numbers set forth on the check attached to this form are incorrect or incomplete and will not be responsible for retrieving any funds deposited incorrectly.

Please complete this form and return along with a voided check or direct deposit bank letter to:

ADP Wage Garnishment Services
Direct Deposit Inquiry
PO Box 221230
El Paso, TX 79912
Fax (909) 305-6211
Email: Garnishment_Services@adp.com

Recipient of Support: _____

(Signature)

(Date)

Important Information

- **List of acceptable documents (only one required)**
Preprinted checks with no alterations
Bank Letter
- **Document submitted with this form needs to match the remittance address on file with ADP.**