



Forest County Potawatomi Community
P.O. Box 340, Crandon, Wisconsin 54520

**CHILD SUPPORT RECIPIENT
DIRECT DEPOSIT**

I hereby authorize the Forest County Potawatomi to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my accounts as indicated below. **Please attach a voided check for a checking account, or a deposit slip for a savings account.** A direct deposit form from your bank/credit union for ACH payments can be used for any type of account. This authorization will remain in effect until it is revoked in writing and acted on in a timely manner.

Account Number: _____ Account Type: ___Savings ___ Checking

Routing/Transit Number: _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____

Bank/Credit Union City: _____ State: _____ Zip: _____

Bank/Credit Union: Area Code: _____ Telephone Number: _____

Is this in place of an existing ACH Deposit? ___Yes ___No

If yes what is the account number you are canceling: _____

Child Support Recipient (please print) _____

Recipient Signature: _____

Date: _____ SSN (last four digits): _____

Please be advised that bank documentation must accompany every direct deposit form in order to be processed