

ARIZONA DEPARTMENT OF CHILD SAFETY
Payment Unit



**DCS ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)
AUTHORIZATION AGREEMENT**

Please read and understand all terms and conditions on the back of this agreement. Complete the agreement per the instructions at the bottom of this form. We are unable to process incomplete forms.

Required fields

Payee Name	Guardian Provider ID Number																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">New</td> <td style="width: 33%; text-align: center;">Change</td> <td style="width: 33%; text-align: center;">Cancel</td> </tr> </table>	New	Change	Cancel																	
New	Change	Cancel																		
Action	Name of Financial Institution																			
Address	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Personal</td> <td style="width: 33%; text-align: center;">Business</td> <td style="width: 33%; text-align: center;">Checking</td> <td style="width: 33%; text-align: center;">Savings</td> </tr> <tr> <td style="font-size: small; text-align: center;">Ownership of Account</td> <td></td> <td style="font-size: small; text-align: center;">Type of Account</td> <td></td> </tr> </table>	Personal	Business	Checking	Savings	Ownership of Account		Type of Account												
Personal	Business	Checking	Savings																	
Ownership of Account		Type of Account																		
City	Routing Transit Number																			
State	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> </tr> </table>																			
ZIP	<small>(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32)</small>																			
Daytime Contact Phone Number	Account Number																			
Email Address	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> </tr> </table>																			

Required Documentation

- Attach to this agreement either a:
- direct deposit set up form from your financial institution showing Your Name, Your Account Number, Your Financial Institution’s Name and their Routing Number, or
 - VOID check that includes Your Name, Your Account Number, Your Financial Institution’s Name and their Routing Number

Signature

By signing this authorization agreement, I certify that I have read and understand all terms and conditions on the back of this agreement. I am an authorized signer for the account I am adding or changing. I authorize the DCS Payment Unit and the financial institution to process credit and debit entries and adjustments to the bank account stated above on this form. **I understand and agree that DCS is not responsible for any bank holds, delays, or availability of funds into my account. It is my responsibility to read and understand my financial institution’s policies on direct deposit and the availability of funds.** If the DCS Payment Unit is notified by my financial institution of changes affecting this direct deposit, the DCS Payment Unit is authorized to make applicable changes. This authorization is to remain in effect until a new authorization or a written request to cancel is received and processed.

Payee Signature
Date

How to complete this form

1. Read and understand all terms and conditions on the back of this agreement.
2. Complete all required fields, sign and date the agreement.
3. Attach required documentation. See “Required Documentation” section above for details.
4. Return this agreement to DCS Payment Unit:

By mail to: **DCS Payment Unit - C010-01
P.O. Box 6030
Phoenix, AZ 85005-6030**

In person to: **DCS Payment Unit - C010-01
3003 N. Central Ave. Suite 108
Phoenix, AZ 85012-2903**

By email to: **childseft@azdcs.gov**

JOHN PUBLIC 1234
 123 Main Street
 Your Town, AZ 12345 _____ 20

\$

DOLLARS

Your Town Bank
 Your Town, AZ 12345

For _____

R: 2500000005 R: 123456789022

NOTE: The account and routing number may appear in a different place on your check.

Routing Transit Number

Account Number

1. Read and understand all terms and conditions on the back of this agreement.

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3. Attach required documentation. See “Required Documentation” section above for details.

4. Return this agreement to DCS Payment Unit:

By mail to: **DCS Payment Unit - C010-01
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By email to: **childseft@azdcs.gov**

ARIZONA DEPARTMENT OF CHILD SAFETY
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**DCS ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)
AUTHORIZATION AGREEMENT**

Terms and Conditions for Participating in the DCS Electronic Funds Transfer Program

To participate in Direct Deposit:

1. Your financial institution must be a member of the Automated Clearing House (ACH). It is your responsibility to check with your financial institution prior to completing this enrollment form.
2. You are responsible for reading and understanding your financial institution's policies on direct deposit and the availability of funds. You understand and agree that DCS is not responsible for any bank holds, delays, or availability of funds into your account.
3. To begin the enrollment process in Direct Deposit, complete this DCS Electronic Funds Transfer Authorization Agreement with your correct information, sign and date, attach required documents, and submit to the DCS Payment Unit.
4. Attach to this agreement either a:
 - a. direct deposit set up form from your financial institution showing Your Name, Your Account Number, Your Financial Institution's Name and their Routing Number, or
 - b. VOID check that includes Your Name, Your Account Number, Your Financial Institution's Name and their Routing Number.
5. You will continue to receive paper checks until your direct deposit application is processed.
6. Once your direct deposit is active, the standard turn-around time for deposit into your account is 72 hours from the time payment is issued. You should always verify that the funds are available before making any withdrawals. DCS is not responsible for any bank holds or delays in the availability of funds.
7. If the Electronic Funds Transfer is returned by your financial institution or cannot be deposited to your account for any reason, DCS will issue a paper check. This process takes about 2 weeks.
8. It is your responsibility to complete and submit a new DCS Electronic Funds Transfer Authorization Agreement notifying DCS immediately of any changes/cancellations that may affect your DCS Electronic Funds Transfer.
 - a. Requesting a CHANGE to your agreement:
 - i. Complete a new agreement.
 - ii. Indicate "CHANGE" as the ACTION, and enter your new financial institution Routing Number and/or Account Number.
 - iii. Attach required documentation. See #4.
 - b. To CANCEL your enrollment in Direct Deposit:
 - i. Complete a new agreement.
 - ii. Indicate "CANCEL" as the ACTION.
9. The DCS Payment Unit reserves the right to temporarily suspend or cancel your enrollment in this program at any time. This enrollment may also be automatically canceled by your financial institution.
10. If you have any questions regarding this form or Direct Deposit, please call the DCS Payment Unit at 602-255-3300, Monday through Friday, 8 a.m. to 5 p.m., Mountain Standard Time.



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.