

Ohio Department of Job and Family Services
OHIO CHILD SUPPORT PROGRAM E-DISBURSEMENT ENROLLMENT

Choose how you would like to receive your child support payments (select only one) and mail this form to the address below. For faster enrollment, visit <https://oh.smartchildsupport.com> and enroll online.

- Direct Deposit to a Checking Account:** I authorize the Ohio Child Support Program to deposit my child support payments into my checking account. Please enclose a blank preprinted check with VOID written across the front, or a letter from your bank with your bank routing and account numbers.
- Direct Deposit to a Savings Account:** I authorize the Ohio Child Support Program to deposit my child support payments into my savings account based on the enclosed bank letter. Please enclose a letter from your bank which includes your bank routing and account numbers.
- Debit Card:** I authorize the Ohio Child Support Program to deposit my child support payments to the Platinum smiONE™ Visa® Prepaid Debit Card. The card will be mailed to me at the address I provide below.

If you have any questions, contact Child Support Payment Central (CSPC) at 1-888-965-2676 or visit <http://jfs.ohio.gov/Ocs/>.

Complete this form, sign and date it, and mail to: **Ohio Child Support Payment Central
PO Box 182812
Columbus, OH 43218-2812**

All Information Below Must Be Provided

Choose one: New enrollment Change in payment choice Change in bank

I certify that I am entitled to support payments for the case listed below.

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (mm/dd/yyyy)	Social Security Number	Daytime Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1: PO Box Number, Apartment Number

Address 2: Street Address

City	State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SETS Case Number: If you have more than one case, only enter one case number. All your cases will be enrolled for the choice you selected.

I understand this authorization will remain in full force and effect until Ohio Child Support Payment Central (CSPC) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it.

Signature	Date (mm/dd/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>