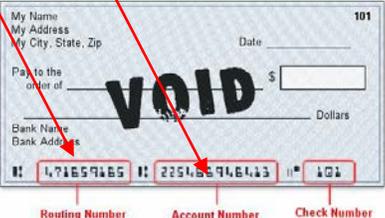


**SOUTH DAKOTA CHILD PROTECTION SERVICES
 PAYMENT AUTHORIZATION FORM**

Please fill out the information below and return to the following address:

Mail or Fax completed form to:
 Department of Social Services
 Division of Child Protection Services
 700 Governors Drive
 Pierre, SD 57501-2291
FAX: 605-773-6834

Payee Information		Changes to Payee Information	
Name:		Name:	
Address:		Address:	
City:	State/Zip:	City:	State/Zip:
Daytime Telephone Number:		Daytime Telephone Number:	
Resource Number:			
Please identify one household member as payee below:			
Name:		Date of Birth:	Social Security Number/Tax ID Number:
Select Direct Deposit if you have a checking or savings account. Select U.S. Bank ReliaCard if you do not.			
<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> U.S. Bank ReliaCard	
By selecting the box above, you acknowledge the following: I authorize the Department of Social Services to credit my CPS payments to the account listed below, and if necessary, reverse any incorrect credit entries made in error. <u>I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers.</u>		Simply fill out the Payee Information section at the top of the page, sign and return as instructed above. Your card will arrive in the mail within 7-10 business days a plain, white envelope with an Indianapolis, IN return address. Your payments will automatically be deposited to your card.	
Bank Name:		NOTE: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.	
Account Number:			
Routing Number:			
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
 <p align="center"> Routing Number Account Number Check Number </p>			
<p align="center">Remember to attach a voided check or copy of check to this form, or a letter from your financial institution including your account and routing number. Do not attach a deposit slip.</p>			

Signature: _____ Date: _____