

**APPLICATION FOR ALTERNATE PAYMENT ARRANGEMENT**

**Important Note to Applicant:** If you have any questions about how to complete this form (for example, if you're not sure what to enter for amounts in Part B, question 3), please contact Child Support at 701-328-5440 for assistance.

**Part A: Personal Information**

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
 \_\_\_\_\_
4. Employer Name: \_\_\_\_\_
5. Employer Address: \_\_\_\_\_  
 \_\_\_\_\_
6. Contact Information:  
 Home Phone Number: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
7. Obligee #1 Name: \_\_\_\_\_  
 Obligee #2 Name: \_\_\_\_\_  
 Obligee #3 Name: \_\_\_\_\_

**Part B: Request for Good Cause and Alternate Payment Arrangement**

1. I am requesting Child Support to find that there is good cause not to require immediate income withholding and to approve an alternate payment arrangement. My request is based on the following (check one):  
 Immediate income withholding is not in the best interests of my child(ren) because:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 An electronic payment method is in the best interests of my child(ren) because of its speed, reliability, and acceptance in the financial community.  
 The amount to be withheld under immediate income withholding is \$10 or less per month.
2. For an alternate payment arrangement, I am requesting electronic fund transfers from my bank account.
3. Under the alternate payment arrangement, I will pay \$\_\_\_\_\_ for current support plus \$\_\_\_\_\_ for past-due support for a total payment of \$\_\_\_\_\_ per month. When I no longer have a current support obligation, I will pay \$\_\_\_\_\_ per month for any remaining past-due support until all past-due support is paid in full. If I have more than one support obligation, I understand that these amounts reflect the total amounts due for current and past-due support on all my obligations.

If the amount that I must pay for child support changes while an alternate payment arrangement is in effect, I authorize Child Support to change the amount transferred from my bank account without any further written authorization from me.

4. I am requesting that I not receive billing statements from Child Support when the alternate payment arrangement is in effect.

### **Part C: Acknowledgments**

1. I understand that I must be receiving services from the Child Support program on my case (or, if I have more than one case, on all of my cases).
2. I understand that my application for an alternate payment arrangement will only be approved if Child Support finds that there is good cause for approval. I also understand that in deciding whether there is good cause for approval, Child Support will either look at my payment record to see if I have paid the full amount of my support obligation for at least the past nine (9) months (or since the obligation was entered if it is less than nine (9) months old) or look at my support obligation to see if the amount to be withheld under immediate income withholding is \$10 or less per month.
3. I understand that if my application is approved, Child Support will work with any necessary entities, such as my financial institution, to set it up and will terminate any immediate income withholding order that is in effect. I also understand that if there is any overlap in payments received during this time, and if I owe past-due support, the overlapping payments may be applied to my past-due support.
4. I understand that if my application is approved, the funds will be removed from my account on approximately the fifth working day of each month. This is true regardless of the actual due date(s) in my support order(s).
5. I understand that if my application is approved, the obligee will be notified that there is an alternate payment arrangement and that he or she can object to it.
6. I understand that I am responsible for any processing fee associated with the alternate payment arrangement.
7. I understand that I must notify Child Support within seven (7) days of any changes in my address, contact information, and employment and of any employment-related health insurance that is or becomes available to me.
8. I understand that if payments are not made in full and on time or if I fail to comply with any other part of the alternate payment arrangement, Child Support may terminate the arrangement and I will be subject to immediate income withholding.
9. I understand that if I want to change the account from which my child support payments are transferred, I must complete a new application. I also understand that I must make my payments in full and on time while the new application is being processed or else the new application will be denied.
10. I understand that if I want to cancel the alternate payment arrangement, I must give 30 days advance written notice to Child Support and that, once canceled; I will be subject to immediate income withholding.
11. No court has considered and rejected my request for a good cause determination or alternate payment arrangement within the past nine (9) months.

**Part D: Electronic Fund Transfers from Bank Account**

- 1. Bank Name: \_\_\_\_\_
- 2. Branch Location/Address: \_\_\_\_\_
- 3. Account Type (check one): \_\_\_\_\_ Checking \_\_\_\_\_ Savings
- 4. Bank Account Number: \_\_\_\_\_
- 5. Bank Routing Number: \_\_\_\_\_

(Important Note to Applicant: Your name must be on the bank account. **Be sure to attach a voided check blank or deposit slip showing the account number and routing number specified above**)

**Part E: Employer Noncompliance with Income Withholding Requirements**

Complete Part E only if you are applying for good cause and an alternate payment arrangement because your employer has not been complying with income withholding requirements, which has caused more than one payment to be late or be missed within the past nine (9) months (or since the obligation has been entered if it is less than nine (9) months old.) Your application will be reviewed for approval by Child Support’s Director.

Describe the ways your employer has failed to comply with income withholding requirements and how those failures have affected your payment record:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Support Director’s Review:			
_____ Application approved	Initials: _____	Date: _____	
_____ Application denied	Initials: _____	Date: _____	

**Part F: Signature**

\_\_\_\_\_  
Obligor’s Printed Name

\_\_\_\_\_  
Obligor’s Signature

\_\_\_\_\_  
Date

**Important Note to Applicant:** Send this completed application and attachments to Child Support, PO Box 7190, Bismarck, ND 58507-7190.

**Part G: Applicant's Checklist (check if the answer is "yes")**

\_\_\_\_\_ Case(s) receiving services from Child Support?

\_\_\_\_\_ Have you made timely payments for past nine (9) months or since the order was entered, whichever is less?

\_\_\_\_\_ Application completed and signed?

\_\_\_\_\_ Voided check blank or deposit slip attached?

If all items have been checked, you are ready to send your application.

Attach voided check blank or deposit slip here.

