

APPLICATION FOR AUTOPAY

Autopay automatically deducts your child support from your checking or savings account on or around the 5th day of each month. The amount deducted is the current court ordered support amount and the required payment for any past due support for all your cases. To qualify for autopay, you must have a good payment history as described in the Terms and Conditions on page 2 of this application.

Contact Child Support at 701-328-5440 or childsupport@nd.gov with questions.

Name: _____ Social Security Number: _____	
Address: _____	
City/State/Zip Code: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	E-mail Address: _____
Employer Name: _____	
Employer Address: _____	
<p><i>You must notify Child Support within 7 days when there is a change in your address, social security number, phone number, email address, drivers' license number, and employment, including any employment-related health insurance that is or becomes available to you. If the Terms and Conditions of autopay are not met, an income withholding order will be issued to your employer.</i></p>	

Account Type (check one): Checking Savings



Provide a voided check, deposit slip, or a letter from your bank that includes your account information. Your name must be on the account.

Once your application has been processed, you will receive an approval or denial letter. If autopay is approved, the payment amount and start date will be provided in the approval letter.

By signing, you agree to the Terms and Conditions listed on page 2 of the Application for Autopay and you authorize Child Support to deduct your child support from your bank account and send the payment by electronic funds transfer.

Signature

Date

Submit this application and voided check, deposit slip, or letter from your bank to:

CHILD SUPPORT AUTOPAY TERMS AND CONDITIONS

To qualify for autopay, you must have a **good payment history** which means you have paid your child support (current and past due support) in full:

- Every month since your order was effective if your order is less than 9 months old.
- The last 9 months if your employer is withholding support and sending payments to Child Support.
- The last 12 months if you do not have an income withholding (ex: 1099 or self-employed)

NOTE: The month you apply for autopay, the current months support must be paid in full before your application will be considered.

Child Support will deduct your current and past due support (if owed) from the checking or savings account you have authorized. The deduction will be on or around the 5th of each month regardless of the actual due date provided in your support order.

- Past due support is an additional 20% of the court ordered support amount or at a dollar-specific amount ordered by the court.

The autopay process is for all your cases.

The autopay amount can increase or decrease if your child support amount changes or past due support is paid in full. You will **not** be notified of changes to the autopay amount.

If you owe past due support when your child support order ends, the autopay amount will not change until the balance is paid in full.

When autopay is approved, Child Support will terminate any income withholding orders in effect.

If there is an overlap in payments received during the transition from income withholding to autopay, and you owe past due support, the extra payment(s) will be applied to your past due support.

If you currently receive billing statements from Child Support, you will no longer receive them when autopay is in effect.

You can stop autopay at any time by mailing a letter or sending an email to Child Support. An income withholding order will then be sent to your employer.

Failure to comply with the Terms and Conditions of autopay could result in your removal from autopay. Upon removal, an income withholding order will be issued to your employer.

Keep this page for your records.

Contact Child Support
Email: childsupport@nd.gov Phone: 701-328-5440 Fax: 701-328-5425
Address: Child Support PO Box 7190 Bismarck, ND 58507-7190

EMPLOYER NON-COMPLIANCE

If you are applying for auto pay due to an employer issue, complete the section below describing the ways your employer has failed to comply with the income withholding order and how those failures have affected your payment history:

For Internal Use Only

Employer Non-Compliance Determination:

_____ Application Approved

Initials: _____

Date: _____

_____ Application Denied

Initials: _____

Date: _____