

PA SCDU Direct Deposit Enrollment Form

- Please fill the requested information below.
- A new enrollment forms is required for all bank account changes.
- The payee/disbursement recipient must be the owner of the account shown below.
- The payee/disbursement recipient's name, address and Social Security number must match the information on file in the PA Child Support Enforcement System, PACSES. If you need to update your information please contact your local Domestic Relations Section.
- If you have questions, please contact the PA SCDU Customer Service Center at 877.727.7238.

Email the completed form to PASDU-DIRECTDEPOSIT@conduent.com

or

Mail the completed form to: PA SCDU, PO Box 61216, Harrisburg, PA 17106-1216

New Enrollment

Account Change

Cancel Direct Deposit

Please Print

Payee/disbursement recipient name	Bank name
Street Address	Checking OR Savings
City State Zip Code	Your bank's 9 digit routing number <i>Please contact your bank if you are uncertain of the correct routing number.</i>
(daytime) Area Code and Telephone Number — —	
PACSES 10 digit member ID number	Your checking or savings account number <i>Please contact your bank if you are uncertain of the correct account number.</i> <hr style="width: 80%; margin: 0 auto;"/> <div style="text-align: center;">bank account number</div>
Social Security Number — —	

Payee/Joint Payee Certification

I certify that I am entitled to the payment identified above and that I have read and understood the above directions to complete this form. In signing this form, I authorize my payments to be sent to the financial institution named below to be deposited to the account designated on this form.

Signature _____ Date _____