



WI SCTF  
PO Box 07914  
Milwaukee WI 53207-0914

TEL: 800-991-5530  
TDD: 877-209-5209

**AUTHORIZATION: PAY-BY-PHONE**

This form authorizes the WI Support Collections Trust Fund to set up a Pay-by-Phone account for the payment of child support, family support, alimony, and other support-related debts.

**Please PRINT and complete ALL lines.**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

KIDS PIN Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**ACCOUNT INFORMATION: ROUTING AND ACCOUNT INFORMATION MAY BE OBTAINED BY CONTACTING YOUR BANK.**

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type (Check One):    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

**BE SURE TO  
INCLUDE A **VOIDED**  
**CHECK** SHOWING  
THE ACCOUNT  
NUMBER AND  
ROUTING NUMBER.**

**CHECK ONE:**     NEW REQUEST     CHANGE ACCOUNT     CANCEL PAY-BY-PHONE

**PLEASE SIGN AND DATE. RETURN THIS FORM TO THE ADDRESS AT THE TOP OF THIS FORM**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date