## IMPORTANT NOTICE IMPROVED DEBIT CARD WEBSITE NEW WISCONSIN CHILD SUPPORT WAY2GO DEBIT MASTERCARD

On January 8, 2022 the Wisconsin Child Support Program is converting to a new Wisconsin Way2Go Debit Mastercard. After conversion, you may continue to use your current EPPIC Debit MasterCard until expiration. When your EPPIC Debit MasterCard nears expiration, you will receive the new Wisconsin Way2Go Debit MasterCard to activate. In addition, debit card users will have access to an improved website at www.GoProgram.com which will offer you more services.

It is important to make sure that EPPIC has your current address. EPPIC will be mailing out detailed information about the conversion in December. You can update your debit card address with EPPIC by calling 1-877-253-3686. If you don't want to call, you may create a secure user ID and password at https://www.eppicard.com/ and report your changes online. When you update your address with EPPIC the updated address will be provided to your assigned County Child Support Agency.

The Wisconsin child support program uses electronic disbursements for child support related payments which includes child support, alimony, family support and past-due support. The two electronic disbursement methods available to you are direct deposit into a designated checking / savings account or enrollment into the Wisconsin Child Support debit card program.

If you want to change your payment method to direct deposit you can do this at any time. If you have a checking account, complete the direct deposit application on the back of this letter, attach a voided check (not a deposit slip) or you may attach a letter from your financial institution, on their letterhead, that provides your checking account number and the financial institution routing number and send to the address found on the top left hand corner of the direct deposit application.

If you only have a savings account, you can still enjoy the ease and security of direct deposit. Complete the direct deposit application and attach a letter from your financial institution, on their letterhead, that provides your savings account number and the financial institution routing number. Mail the completed form along with the letter from your financial institution to the address found on the top left-hand corner of the direct deposit application.

Payments received after your direct deposit application has been processed will be deposited directly into your account.

If you have any questions regarding the application, you may call the KIDS Info Line, 800-991-5530 toll free or TDD 209-5209 toll free, weekdays, 8 a.m. – 5 p.m. (CST), and speak to a customer service representative.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Child Support Program at 608-422-6250. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

WI SCTF PO Box 07914 Milwaukee WI 53207-0914



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

Authorization Form: Please print and con	: Direct Deposit plete ALL the information	below. We WILL	NOT process	s forms with missing	information.	
Name:						
Address:						
City/State/ZIP:				Important		
Daytime Telephone:	Telephone: ()			You must include a copy of your check showing the account and routing numbers.  Write "Void" across your check		
Home Telephone: (						
Your Child Support (Contact your Chi	PIN Number:ld Support Agency if you do no	ot know your PIN)		e void deloss your	·······	
Social Security Num	nber:				1	
Bank Routing Numb (See sample check	oer:or contact your bank for the re	outing number)	Your Name ~	Sample Check ~		
Bank Account Numb (See sample check	ber: ber:	ccount number)	Pay to the order of	$=\mathcal{V}OI\mathcal{D}$		
Account Type:	Checking Savings (	Check One)	1:00000000001: 0	00000000000: 0000		
Bank Name:				<del>1</del>		
Bank City/State: _			0	Account Number		
I want to: Sign u	p for Direct Deposit	Change My Accoun	t Can	cel Direct Deposit	(Check One)	
I agree: (Check On	e)					
<ul> <li>The whole amount of my direct deposit payment <u>will NOT</u> be moved to an account <u>outside the United States</u>.</li> <li>The whole amount of my direct deposit payment <u>will</u> be moved to an account <u>outside the United States</u>.</li> </ul>						
<b>Note:</b> By signing this form you authorize the WI Support Collections Trust Fund (WI SCTF) to initiate payments to the above account. You may check the date your payments were processed by the WI SCTF online at childsupport.wisconsin.gov or by calling the WI Support Collections Trust Fund at the phone numbers listed above.						
credit a direct deposit deposit of support pa	siness days from the date the it payment to your bank accomments. We recommend the saction is complete. You mu	ount. It is very rare, at you confirm the d	but there might rect deposit v	ht be further delays in with your financial in	n the direct stitution to be	
You are responsible for ensuring that there are adequate funds in your account before withdrawing funds. The Department of Children and Families and its vendors are not liable for overdraft fees and charges.						
	Please sign and date this form, then mail it to the address at the top of the form.					
Signature:	Date:					
Office Use Only:	Sent By:	Date Received	_//	Entered By:		