

WI SCTF
PO Box 07914
Milwaukee WI 53207-0914



Wisconsin CARES About KIDS
WI Support Collections Trust Fund

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: _____

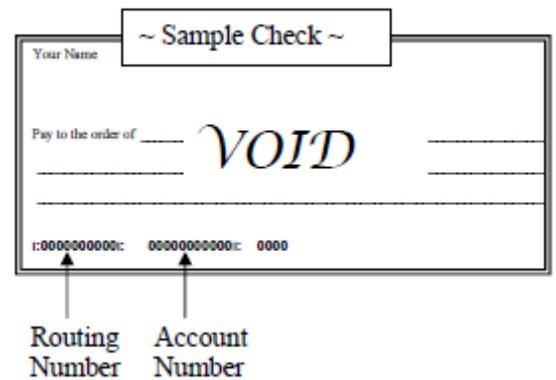
City/State/Zip: _____

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: _____

Check One: _____ New Request _____ Change Account _____ Cancel Pay-By-Phone

Be sure to include a voided check showing the account number and routing number.

Please sign and date. Return this form to the address at the top of this form

Signature

Date