

WI Support Collections Trust Fund (WI SCTF)
PO Box 70914
Milwaukee, WI 53207-0914

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

Pay-By-Phone Authorization

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 the information below in Black or Blue ink.

Forms with missing information or check marks will not be processed.

Name: _____

Address: _____

City/State/ZIP: _____

Daytime Telephone: (_____) _____

Home Telephone: (_____) _____

Your Child Support PIN* _____

*Contact your Child Support Agency if you do not know your PIN.

Social Security Number: _____

Banking Information: See sample check as needed or contact your financial institution.

Bank Routing Number: _____

Bank Account Number: _____

Account Type (Check One): Checking Savings

Bank Name: _____

Bank City, State: _____

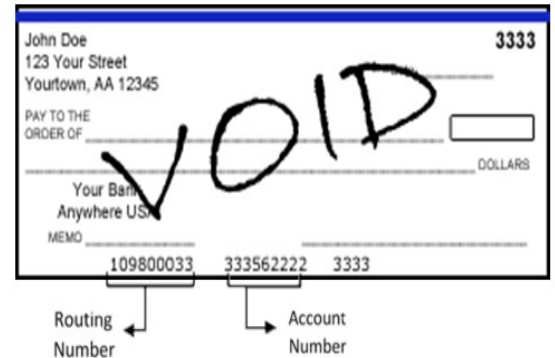
Check One: New Request Change Account Cancel Pay-By-Phone.

Please sign and date. Mail this form with your voided check to the address at the top of this form.

Signature: _____

Date: _____

IMPORTANT:
Include a copy of your check showing the account and routing numbers and write "VOID" across the check.



NOTE: If a voided check is not available, a letter from your bank verifying the Routing Number and the Account Number must be provided.