

PA SCDU Direct Deposit Enrollment Form

- Please fill in the requested information below.
- A new enrollment form 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		<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings	
City	State	Zip Code	
(daytime) Area Code and Telephone Number		Your bank's 9 digit routing number <i>Please contact your bank if you are uncertain of the correct routing number.</i>	
<input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security Number			
<input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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 _____