

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

Daim Ntawv Tso Cai: Tso Nyiaj Nca Qha Mus Rau Txhab Cia Nyiaj (Direct Deposit)

Thov sau ib tug ntawm zuj zus thiab **teb TAG NRHO cov lus nug hauv qab no.** Peb **YUAV TSIS** leg cov ntaub ntawv yog hais tias teb tsis tas cov lus.

Npe: _____

Chaw Nyob: _____

Lub Zos/Lub Xeev/ZIP: _____

Tus Xov Tooj Yav Nruab Hnub: (____) _____

Tus Xov Tooj Hauv Tsev: (____) _____

Koj Tus PIN Number Rau Child Support: _____

Social Security Number: _____

Bank Routing Number: _____

(Xyuas ntawm koj daim tshev los yog hu rau koj lub txhab cia nyiaj kom tau tus routing number)

Bank Account Number: _____

(Xyuas ntawm koj daim tshev los yog hu rau koj lub txhab cia nyiaj kom tau tus account number)

Hom Account: Checking Savings (Kos lb Qho)

Bank Lub Npe: _____

Bank Lub Zos/Lub Xeev: _____

Kuv xav: Zwm Rau Direct Deposit Hloov Kuv Tus Account Muab Direct Deposit Kaw (Kos lb Qho)

Kuv pom zoo: (Khij ib qho)

Tas nrho cov nyiaj xa tuaj tso rau hauv kuv tus account no **yuav TSIS** muab mus tso rau ib tug account **tawm hauv teb chaws U.S. no mus.**

Tas nrho cov nyiaj xa tuaj tso rau hauv kuv tus account no **yuav** muab mus tso rau ib tug account **tawm hauv teb chaws U.S. no mus.**

Ceeb Toom: Yog kos npe rau daim ntawv no koj tso cai rau WI Support Collections Trust Fund (WI SCTF) los mus pib xa nyiaj tuaj mus rau tus account saum toj no. Koj yeej mus xyuas tau ntawm childsupport.wisconsin.gov seb hnub twg WI SCTF xa koj cov nyiaj tuaj los yog hu mus rau WI SCTF ntawm tus xov tooj teev saum toj no.

Yuav siv li 2 hnub uas yog hnub ua hauj lwm txij hnub lub Trust Fund (WI SCTF) xa koj qhov nyiaj mus rau tom koj lub txhab cia nyiaj thiaj yuav tshwm rau huav koj tus account. Kuj muaj tsawg kawg nkaus, uas tej zaum cov nyiaj xa mus rau direct deposit yuav qeeb. Peb pom zoo kom koj mus nrog koj lub txhab cia nyiaj tham kom paub tseeb hais tias cov nyiaj xa tuaj them ntawd yeej tuaj txog lawm.

Yuav yog koj lub luag hauj lwm los xyuas kom paub tseeb hais tias koj yeej muaj nyiaj txaus hauv koj tus account ua ntej koj rho nyiaj. Lub Department of Children and Families thiab cov chaw ua hauj lwm nrog yuav tsis nrog them cov nqi tes yog hais tias siv nyiaj tsaj qhov muaj nyob hauj tus account.

Thov kos npe thiab sau hnub kos npe rau daim ntawv no, ces xa mus rau qhov chaw nyob saum toj.

Kos Npe: _____

Hnub: _____

Tseem Ceeb Heev
Koj yuav tsum xa ib daim check uas pom tus account & tus routing numbers.
Sau "Void" rau ntawm daim check.

Piv Txwv Daim Check

Koj Lub Npe _____
Them rau leej twg: **VOID**

:000000000: 0000000000: 0000

Routing Number Account Number

Office Use Only: Sent By: _____ Date Received ____/____/____ Entered By: _____