



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
PO BOX 88, JEFFERSON CITY, MO 65103  
**APPLICATION FOR VENDOR DIRECT DEPOSIT**

SECTION A		
1. TYPE OF ACTION <input type="checkbox"/> New applicant or re-enrollment <input type="checkbox"/> Cancel <input type="checkbox"/> Change		
2. NAME		
3. ADDRESS (NUMBER AND STREET)		
CITY, STATE, ZIP CODE		
4. TELEPHONE NUMBER	5. VENDOR/DCN NUMBER (REQUIRED)	6. TAX ID/SS NUMBER (REQUIRED)
SECTION B		
<i>(A VOIDED CHECK OR DEPOSIT SLIP SHOWING THE BANK ROUTING AND ACCOUNT NUMBERS MUST BE ATTACHED)</i>		
1. ROUTING NUMBER	2. DEPOSITOR ACCOUNT NUMBER	
3. TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
4. FINANCIAL INSTITUTION NAME	5. FINANCIAL INSTITUTION TELEPHONE NO.	
6. BRANCH NUMBER OR NAME		
7. FINANCIAL INSTITUTION ADDRESS		
SECTION C		
<i>I wish to participate in Direct Deposit and in doing so:</i>		
I understand that it is my responsibility to notify the Children's Division when a change in banking information is made. This notification must be made at least two weeks prior to the scheduled direct deposit. Without this notification, I understand that payments may be delayed.		
I understand that by endorsing or depositing checks that payment is made from Federal and State funds and any falsification, or concealment of material fact, may be prosecuted under Federal and State laws.		
I hereby authorize the State of Missouri to initiate payment adjustments made to this account that were intended for another vendor or another account.		
I understand the State of Missouri may terminate my enrollment in the Direct Deposit program if the State is legally obligated to withhold part or all payments for any reason (for example, garnishment orders).		
I understand that the Children's Division may terminate my enrollment if I no longer meet eligibility requirements.		
I understand that this document shall not constitute an amendment or assignment of any nature whatsoever, or any contract, purchase order or obligation that I may have with any agency of the State of Missouri.		
SIGNATURE	DATE	
RETURN THIS FORM AND VOIDED CHECK OR DEPOSIT SLIP TO CHILDREN'S DIVISION, PO BOX 88, JEFFERSON CITY, MO 65103		

## **INSTRUCTIONS**

In order to allow the Children's Division and the State of Missouri, Division of Finance and Administrative Services to deposit payments into an account, you must complete the Direct Deposit Application on the other side of this form. With the exception of your signature, type or print the requested information.

Return the completed application to:

**Children's Division**  
**PO Box 88**  
**Jefferson City, MO 65103**

**If you do not provide all the information requested, the Children's Division may not be able to process your application.**

## **WHAT YOU SHOULD EXPECT**

- Your direct deposit application will be processed when it is received by the Children's Division.
- You should begin receiving payments by direct deposit in approximately 10 to 14 days after the Children's Division receives your application.
- During the time it takes to process the application, you will receive payments by check.

## **CHANGING FINANCIAL INSTITUTIONS OR ACCOUNTS**

Payments will continue to be deposited in your designated account at your financial institution until you notify the Children's Division that you wish to change the financial institution and/or account where your payments are deposited. To change the financial institution and/or account where payments are deposited, you must complete a new Direct Deposit Application. Failure to notify the Children's Division of a change in account information will result in a delay in receiving your payments.

**SEE OTHER SIDE FOR THE DIRECT DEPOSIT APPLICATION**