



KANSAS PAYMENT CENTER

Debit Card Enrollment Form

Representatives are available to help you. Call the toll free number to request assistance with enrollment form.

1-877-572-5722

What is a Debit Card? A Debit Card is another method of receiving your Child Support payment and is a method of electronic funds transfer (EFT). You authorize the Kansas Payment Center (KPC) to deposit your child support payments directly into your Debit Card Account. .

How does the Debit Card work? When a payment is applied to your child support case(s), KPC sends it to your Debit Card Account instead of mailing you a check. Normally, your Debit Card will be credited with the money in 48 hours after KPC applies the payment to your case(s). For more information, visit our website at WWW.KSPAYCENTER.COM, or call KPC at 1-877-572-5722

****Once you have completed this form please submit to the Fax number or Address listed at the bottom of this form.****

****Please be advised that once we receive this form and process, it may take up to 10 days before you receive your Debit Card.****

YOUR NAME <i>(last, first, middle initial)</i>		
ADDRESS <i>(street, route, p.o. box)</i>		
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	

SSN

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Your Mother's Maiden Name

Your Date of Birth

Would you like a paper statement? (\$.95 per request)

Yes

No

If providing an International Address, please complete the information below:

Country: _____

Providence: _____

I authorize KPC to make deposits into my Debit Card Account. KPC may make deposits to this account until I cancel the authorization and KPC has time to process the cancellation. This request cancels any prior Debit Card authorizations with KPC.

Check here to stop payments to your Direct Deposit Account, and have paper checks sent until your debit card is activated.

SIGNATURE	DATE

How to cancel your Debit Card with us:

If you do not wish to continue with the Debit Card, you can fax or mail us a notice stating you wish to close your Debit Card Account and give the address you wish your checks to be mailed to, phone number you can be reached at, SSN or KPC pin #, and include your signature authorizing this change.

FAX NUMBER - (785) 232-7533

MAIL TO:
Kansas Payment Center
PO Box 750080
Topeka, KS 66675-0080

FOR OFFICE USE ONLY

DATE RECEIVED: _____	DATE PROCESSED: _____	DATE QA'D: _____
RECEIVED BY: _____	PROCESSED BY: _____	QA'D BY: _____