COLORADO
Office of Economic Security
Division of Child Support Services

Because Kids Matter Most
Family Support Registry

RETURN YOUR SIGNED AUTHORIZATION
by Fax to: 303-299-9122 or by Mail to: FSR • P.O. Box 2171 • Denver, CO • 80201-2171
DO NOT EMAIL unless you have the ability to send via secure email.

AUTHORIZATION: PAY-BY-PHONE (OBLIGOR ACCOUNTS ONLY)

☐ **NEW** ☐ **CHANGE REQUEST** ☐ **CANCEL**

PERSONAL: Name (Please Print): _____
Last First Middle

Address: _____
Street Apt. No.

_____ _____ _____
City State Zip

Daytime Telephone: (_____) _____-_____ Home Telephone: (_____) _____-_____

FSR Account Number (Required): _____
Note: If you have multiple FSR accounts, an application must be submitted for each FSR number.

Social Security Number: _____
Note: Provision of your Social Security Number is voluntary. However, if you fail to provide your Social Security Number, we will not be able to process your request. Social Security Numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments.

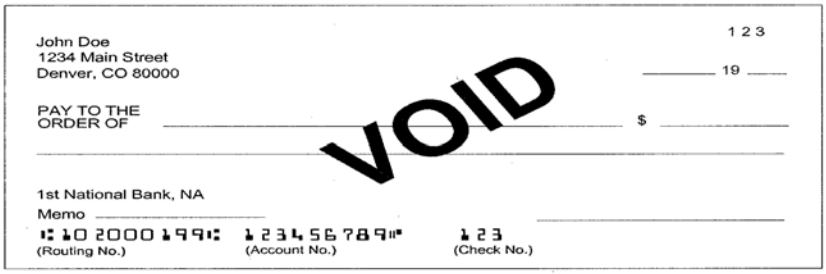
BANK:

Bank Name: _____
Branch Location: _____
Account Type (Check One): ☐ Checking ☐ Savings
Bank Routing Number: _____

Bank Account Number: _____

EXAMPLE: Your bank routing number is identified by the symbols ⑆ before and after the number at the bottom of the check.

Your bank account number is identified by the symbol ⑈ after the number at the bottom of the check



If you do not have a voided check or this is a savings account, have a bank representative complete the above bank information.

Attach Voided Check Here

- I understand Pay-By-Phone is a convenience to me. I am still required to make all court ordered payments on time. Additional payments may still be made by mail. I will continue making all payments in full until I have received notification from the FSR telling me when the Pay-By-Phone authorization becomes active.
- I understand this form authorizes the Family Support Registry to initiate debits to the above account. If an initial debit is not honored, it will be submitted a second time.
- I understand that any request for changes to this authorization must be received at least three (3) business days before the next payment is scheduled to be withdrawan from my bank account.
- This agreement is made and entered into in the City and County of Denver.

SIGNATURE: _____ **DATE:** _____