



DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Child Support Services.

- ACTION IS REQUIRED -
THIS AFFECTS YOUR CHILD SUPPORT PAYMENTS.

Pursuant to Senate Bill 213, signed on June 10, 2010, child support recipients are required to receive their disbursements electronically. You need to choose to enroll in either Direct Deposit - or - U.S. Bank ReliaCard®.

Please fill out the information on the reverse side of this letter, and be sure to complete the LEFT SIDE for either option:
Name, Child Support Case Number(s), Date of Birth, Social Security Number, Mailing Address, Telephone Number(s), Email Address

If you would like to enroll in the ReliaCard, no additional information is necessary.

If you would like to enroll in Direct Deposit, please also complete the RIGHT SIDE of the form (*Name, address, and phone number of Financial Institution, Account Number, and Routing Transit Number*) and attach at least ONE of the following:

- o Voided check - Preprinted with your information - no "starter" checks
- o Deposit slip - Preprinted with your information, or
- o Letter from your financial institution confirming your information.

MAIL your completed, authorized, signed form to: **DCSS, P.O. BOX 12327, Wilmington, DE 19850**

Your signature on the enrollment form authorizes the Division of Child Support Services (DCSS) to deposit your child support payments directly into either your checking or savings account -or- onto the ReliaCard. Your signature also authorizes DCSS to adjust any over/under deposit it has made to your account. You understand that DCSS will make a reasonable effort to notify you within one business day of when an adjustment is made. You also understand the deposit/adjustments will be made electronically by ACH transactions and that you must allow the Federal Reserve two business days from the disbursement date to have the funds available to your financial institution.

You also understand the following: In conducting certain transactions with your ReliaCard, an authorization may be obtained which may be greater than the actual amount of your purchase. This authorization amount will be held from your card balance until the actual amount of your purchase is posted by the merchant. These merchants may include: Gas stations, certain cell phone providers, restaurants, beauty/barber shops, car rentals, hotels, cruise lines, health/beauty spas, taxis and mail orders. You should contact the merchant if you have any questions concerning an authorization hold which may be made to your account.

It is your responsibility to immediately notify DCSS if your home address, telephone number and/or banking information changes. You must include your full name as it appears on your account, social security number, and case number(s) on all correspondence.

You must submit a new enrollment form to UPDATE or CANCEL your Direct Deposit. You understand that upon enrolling in, or changing accounts for Direct Deposit, DCSS will verify your bank account information and you will receive your child support payments via paper check during the verification process. If there is an urgent need to submit a cancellation or update request, please contact Customer service for additional instructions.

The Customer Service Automated Assistance Line (AAL) provides the date DCSS disburses your payment; however, you must verify with your financial institution or U.S. Bank when the payment is posted to your account and funds are available for withdrawal.

By signing the enrollment form on reverse side, you affirm that you have read and agree to all of these conditions.

If you have any questions please contact DCSS's Customer Service Unit in the county in which you live.

New Castle County (302) 577-7171

Kent County (302) 739-8299

Sussex County (302) 856-5386

Delaware Division of Child Support Services
State Disbursement Unit (SDU)

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Child Support Services

DIRECT DEPOSIT -or- RELIACARD ENROLLMENT FORM

INDICATE YOUR ENROLLMENT SELECTION - check either:

- DIRECT DEPOSIT**
 New Enrollment Update Cancellation
- RELIACARD**
 New Enrollment

PERSONAL INFORMATION - Please fill in all the information below.

Custodial Parent's Name (Last, First, Middle Initial as it appears on your check.)

DCSS Case Number(s) - Provide at least one (1) case number.
All cases will be enrolled in your selection of Direct Deposit or ReliaCard.

Date of Birth (Month/Day/Year)

Social Security Number *Required

Address 1 - Street Address (Current address.)

City, State -&- Zip Code

Home/Cell Phone # (with area code)

Alternate Phone # (with area code)

E-mail Address

Sign & Date ONLY ONE (1) Authorization Box below; NOT BOTH.

RELIACARD - AUTHORIZATION

I understand by signing this enrollment form and returning it to DCSS that I am authorizing DCSS to post my support payments onto the ReliaCard, a Mastercard® prepaid debit card issued by U.S. Bank. I certify that I am at least 18 years of age. I also certify that I am entitled to the payments identified above and that I authorize my payments to be sent to U.S. Bank where my support payments will be held until I use them. If I believe funds posted to my account were applied in error, I must contact DCSS. If I use those funds, and it is an incorrect or over payment, I will be required to repay those funds. By signing this form, I affirm that I have read and agree to the Pre-Acquisition Disclosure and Fee Schedule.

Signature

Date

COMPLETE ALL REQUESTED INFORMATION, then mail/return your enrollment form to:

Division of Child Support Services
P.O. Box 12327
Wilmington, DE 19850

DIRECT DEPOSIT INFORMATION - Only if selected.

Name of Financial Institution (Bank or Credit Union)

Financial Institution's Street Address

Financial Institution's City, State -&- Zip Code

Financial Institution's Telephone # (with area code)

Account Selection & Numbers for Direct Deposit

Please select one: Checking -or- Savings
And, attach a voided check, deposit slip or letter to this form.

Account Number

Routing Transit Number

U.S. Checks

PAY TO THE ORDER OF _____	DATE _____	1001
FOR _____		\$ _____ DOLLARS
1234567891	0123456789012	1001

Bank Routing Number

Bank Account Number

DIRECT DEPOSIT AUTHORIZATION

I certify that I am entitled to the payments identified above and that I authorize my payments to be sent to the financial institution named above and deposited in the account I indicated. I understand this authorization will remain in full force and effect until DE Div. of Child Support (DCSS) receives written notification from me of termination at such time and in such manner as to afford a reasonable opportunity to act on it. To change financial institutions or accounts, I will complete and submit a new application. If I believe funds posted to my account were applied in error, I must contact DCSS. If I use those funds, and it is an incorrect or over payment, I will be required to repay those funds. By signing this form, I affirm that I have read and agree to all the conditions on the letter.

Signature

Date

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Delaware Division of Child Support Services

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$0.75 out-of-network	N/A
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$0.50 per month
We charge 3 other types of fees. One of them is:			
Card Replacement (standard or expedited delivery)			\$0 or \$12.00
<p>No overdraft/credit feature. Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call 1-866-567-8643 or visit usbankreliacard.com.</p>			

U.S. Bank ReliaCard® Fee Schedule

Program Name: Delaware Division of Child Support Services

Effective Date: February 2019

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or Allpoint® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator or allpointnetwork.com .
ATM Withdrawal (out-of-network)	\$0.75	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Mastercard®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or Allpoint ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator or allpointnetwork.com .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$0.75	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per replacement of a lost card mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$12.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$0.50	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-866-567-8643**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.