



# EMPLOYER ONLINE PAYMENT SYSTEM WEBSITE SETUP INFORMATION

State Form 51796 (R5 / 7-22)  
DEPARTMENT OF CHILD SERVICES

The information contained on this form is CONFIDENTIAL according to 42 USC 653, 42 USC 654 and 42 USC 663.

**INSTRUCTIONS:** 1. Please e-mail form and list to: [DCSEFTUnit@dcs.in.gov](mailto:DCSEFTUnit@dcs.in.gov)  
2. If you have any questions concerning this form, please contact: The Electronic Funds Transfer Unit at (800) 292-0403 option 1, option1.

What type of payments do you want to process? (Check one) <input type="checkbox"/> ASFE <input type="checkbox"/> Child Support <input type="checkbox"/> Both		FEIN (Tax identification number)	
Name of company			
Check one: (If you are wanting us to add a Sub Company for you, please provide the Parent Company Name also.) <input type="checkbox"/> Parent Company <input type="checkbox"/> Sub Company <input type="checkbox"/> Payroll Processing Company			
Name of parent company (If applicable.)			
Company Doing Business As (DBA)			
Address (number and street, city, state, and ZIP code)			
Telephone number (   )	Extension number	Fax number (   )	Toll-free telephone number (   )
E-mail address			
Name of contact		Title	
Name of alternate contact		E-mail of alternate contact	<input type="checkbox"/> Yes, I want e-mail notices sent to alternative contact also.
Pay Groups <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:			
Name of Bank			City and state
Toll-free / telephone number of bank (   )		Bank routing number (Please call your bank to get the correct ACH debit route number.)	
Bank account number	Type of bank account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	How many sets of ID / Passwords would you like?	
Would you like to split this process up between two (2) different people OR will one (1) person be initiating the entire process. (Check one) <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2)			
Would you like the return information faxed or e-mailed to you? (Check one) <input type="checkbox"/> Fax <input type="checkbox"/> E-mail			
<p><b>Please provide a list of child support payments you currently make.</b> If you have more than one (1) pay group, please send a separate list for each group. (EXAMPLE: You have a Weekly payroll and a Monthly payroll, separate the employee list by Weekly and Monthly.)</p> <p>Please include:    Name of Employee                           Social Security number (SSN)                           Case or Cause number                           Court Ordered Obligation Amount</p>			