



BANK ACCOUNT WITHDRAWAL REQUEST FORM

SETS Case No.: _____

Case No.: _____

Your Name: _____

Social Security Name: _____ Phone #: _____

Address: _____

Insurance Company: _____

Address: _____

Routing Number: _____ Accounting Number: _____

Account Type Savings Checking

Effective Date: _____

Please Sign and Date

(Rev. 09/14)

CHILD SUPPORT ENFORCEMENT AGENCY

P.O. BOX 967A • 1346 LAGONDA AVE. SPRINGFIELD, OH 45501-1037 • T: 937.327.1700 • F: 937.327.1996 • WWW.CLARKDJFS.ORG

A DIVISION OF CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.