EMPLOYER ONLINE PAYMENT SYSTEM WEBSITE SETUP INFORMATION

State Form 51796 (R2 / 3-07) / CSB 0010

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

FEIN	
Name of company	Check one: ☐ Parent company ☐ Sub company
Address (*number and street, city, state, and ZIP code*)	
Telephone number ( )	Extension number
Fax number ( )	800 telephone number ( )
E-mail address	
Name of contact	Title
Name of alternate contact	
E-mail address of alternate contact	
☐ Yes, I want e-mail notices sent to alternate contact also.	
Pay groups ☐ Weekly ☐ Bi-Weekly ☐ Semi-monthly ☐ Monthly ☐ Other: _____	
Name of bank	City
Bank 800 / telephone number ( )	
Bank routing number (*please call your bank to get the correct ACH debit routing number*)	
Bank account number	
Bank account type: ☐ Checking ☐ Savings	How many sets of ID / Passwords would you like?

Please provide a list of child support payments you currently make.
If you have more than one 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.*)

Please include: Employee Name
SSN
Case or Cause number
Amount of last payment

FAX FORM AND LIST TO: (317) 234-2618

For any other questions or for issues concerning child support payments, employers can contact the Employer Maintenance Unit (EMU) by phone at (317) 232-0327 or 1-800-292-0403 or by e-mail to EMU@dcs.in.gov.