Electronic Disbursements – Direct Deposit and Debit Cards

Iowa's Presentation

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Topics of Discussion

Reviewing your disbursement structure

How do you currently disburse payments

Outreach and offering options Using both direct deposit and debit cards

Possible system enhancements Supporting electronic disbursement

Initial case selections The biggest impact in the shortest time

On-going issues

Loss of location, adding new cases, updating case information, closing cases



Reviewing your disbursement structure

How many payments have you sent out

Payments sent out per case in last three, six, nine, and twelve months

Current business practices

Incarcerated custodial parents, international custodial parents, private enforcement agencies, payment errors



Outreach and Offering Options

Direct Deposit

Initial mailings offering direct deposit and information on additional electronic payment options

Debit Cards

Send custodial parent a notice they are eligible for debit card and offer exemption if allowed

Send a reminder notice prior to receipt of card



Recording financial institution information

A specific record or other area of your system to record bank information including routing number, account number, electronic payment type (checking, savings, debit card), start date, end date, and possibly a unique identifier

Cash process

Daily allocation and disbursement process to use the financial information instead of creating checks/warrants

Outgoing EFT files

Follow NACHA approved format to create the outgoing file. Work closely with disbursing state agency or your own financial institution.



Initial Case Selections

Cases without other electronic payment options

Case is not already using direct deposit

Cases without exemptions or exceptions

Allowable exceptions disabilities, location, literacy, language Unique exceptions low payment level or low balance amount

On-Going Issues

Loss of location

Less incentive for custodial parent to keep address current

Switching from debit card to direct deposit

Parents switching back and forth

Updating case information

Keeping names, addresses, demographic data in synch

Dealing with new cases

When do you initiate the debit card process

Closing cases

Proper notification

Administrative Rule Authority

97.6(5) *Warrants*. The collection services center may authorize generation of a warrant if any one of the following conditions applies:

- a. Generation of a warrant is necessary to meet federal requirements to disburse a payment to an obligee within two working days when electronic transfer is not feasible.
- b. The obligee has not requested automatic deposit to a designated account of the obligee, and payment is from a source that is nonrecurring or is not expected to continue in a 12-month period.
- c. The obligee has not requested automatic deposit to a designated account of the obligee and has asserted in writing on Form 470-3972, Electronic Support Payments, that one of the exemptions listed in this paragraph applies. To claim an exemption, the obligee must return Form 470-3972 to the collection services center within ten days of the date the form was issued. An exemption granted under this paragraph is subject to periodic review by the collection services center. When the collection services center reviews an exemption, it shall issue Form 470-3973, Review of Electronic Transfer Exemption, to the obligee for completion. The exemptions available under this paragraph are:
- (1) A physical disability imposes a hardship in accessing an electronically transferred payment.
- (2) A mental disability imposes a hardship in accessing an electronically transferred payment.
- (3) A language barrier imposes a hardship in accessing an electronically transferred payment.
- (4) A literacy barrier imposes a hardship in accessing an electronically transferred payment.
- (5) The obligee's home and work addresses are more than 30 miles from an automated teller machine and more than 30 miles from a financial institution where the account funds can be accessed.
- d. The representative payee, court appointee, or trustee notifies the collection services center or unit in writing that one of the following applies:
- (1) The obligee is under a court-ordered guardianship or conservatorship.
- (2) The obligee is involved in other legal proceedings, including bankruptcy, which require payments to be sent to a trustee or other representative payee.

Initial Notice (First Page)

IOWA DEPARTMENT OF HUMAN SERVICES ELECTRONIC SUPPORT PAYMENTS

April 28, 2005 Case # Case #

| Payee Mame | | Address Line 1 | | Address Line 2 | | City, State, 6 SIP Code |

Dead | Payee Wame |:

***** SOON YOUR CHILD SUPPORT PAYMENTS WILL BE SENT ELECTRONICALLY! *****

Why is this change being made?

Sending support payments electronically saves money and gets your payment to you quickly and celiably.

What does this mean for me?

You will no longer deceive a paper check in the mail. Your support payment will be sent to the bank of your choice through direct deposit or you will receive an electronic access card called the RelixCard from U.S. Bank.

What is an electronic access card?

An electronic access card is a type of debit card. You use the Reliaserd at submometed teller machines (Affas) or businesses that accept Visa cards. You can get cash or buy goods and services.

Will I get the card

Yes, the RelisCard will be sent to you if you do not sign up for direct deposit or ask for an exemption WITHIN 10 DAYS OF THE ABOVE DATE.

How do I sign up for direct deposit?

If you have a bank, savings and loan, or credit union account, complete the enclosed authorization for automatic deposit and exturn it WIRIN THE MERI 10 DAYS OF THE ABOVE DAIE with proof of your account. Or you can get the form from http://childaupport.dha.stabe.ia.ua.

How is the card different from direct deposit?

- * With direct deposit, you choose the bank where you want your payments sent. It is your savings or checking account which you control.
- With the ReliaCard, the account is only for support payments. We deposit your support into a special account from which you can make withdrawals. The account cannot be used for any other purpose.

470-3972 (05/05)

Initial Notice (Page 2)

Will it cost me anything to use the cood?

MD, if you use the ReliaCood to pay for purchases at the geocety stoce or other estail husiness that is a pact of the Visa Actmock. You may also make two free withdrawals per month at any US Bank AEG, VISA/PIUS heanded AEG, or at any participating Visa network bank belief window. YES, if you use other AEGs to have tellers or if you make more than two cosh withdrawals per month. These charges may be similar to check coshing fees you may be paying now to cosh a support check. Pees and services will be explained when you excise your cond.

How will I get the card?

U.S. Bank will issue a RelisCaed and maintain an account for your support payments. The bank will also send you information about your account and customes services available to you.

How do I get more information?

Call the Specialized Customer Services Unit at either 515-242-5530 or 1-888-229-9823 (coll-res nationwide) between the hours of 8:00 RM and 6:00 RM (Town time) Woodsy through Feiday, except state holidays.

Important Reminder --

So that you continue to receive important case information and documents please notify the Specialized Customer Services Unit immediately if you change your address. Please include your case number in any core spondance.

How do I ask for an exemption?

If there is a ceason that prevents you from using the ReliaCard, complete the exemption ecquest on the following page and return it within 10 days to the address on the bottom of the last page.

Policy on Wondiscrimination

By law, DHS will not discriminate against you on the basis of:

Age Color Ceed Disability Wational Origin
Race Religion Sex Political Beliefs

If you feel we have discriminated, you can sak for a Discrimination
Complaint form from any DHS office or the DHS Diversity Program Unit.

Complaint form from any DMS office or the DMS Diversity Program Unit. To file a complaint of discrimination, you may also write to any of the addresses below. If you need help, you may call your county DMS office.

Towa Department of Human Services Diversity Program Unit 1st PL 1305 B Walnut Iowa Civil Righta Commission 400 E 14th SI Des Moines IA 50319-1004

Des Moines IA 50319-0114

U.S. Department of Health and Human Services Office for Civil Rights Region VII 601 E 12th ST Res 248 Kanasa City RD 64186-2808

Initial Notice (Page 3)

IOWA DEPARTMENT OF HUMAN SERVICES EXEMPTION REQUEST Obligee Wame: Date: 04/28/2005 Case Mumber (s) NDTE: Do not complete this form if you are choosing Direct Deposit. Direct Deposit is voluntary. Only fill out this form if there is a meason you can't use the ReliaCard. ___ I have a physical disability. ___ I have a mental disability. ___ I have a language bacciec. ___ I have difficulty seading. There is no Automatic Teller Wachine (ATM) or bank branch that allows Visa cash advances within 30 miles of my home and work. ___ The custodial papent has a court-ordered guardian or conservator (who has signed below). ___ The custodial parent is involved in legal proceedings, such as bankcuptey, which require payment to be sent to a trustee or other representative payer (who has signed below). The statements made and the information given in this exemption request are true and correct to the best of my knowledge and belief. Wame (Print) Case Number _ Please metuco this form to: Callection Services Center Abtn: EAC Coordinator PO Box 9125 Des Moines, IA 50309-9125 470-3972 (05/05)

Initial Notice (Page 4)

Towa Department of Human Services MUTHORISATION FOR AUTOMATIC DEPOSIT

Account Number:	by: State: Sip: count Number: COUNT TYPE (Mark Che): Checking: Attach a voided blank check from the checking account to whice a direct deposit will be made or a letter from your financial institution th your name, address, bank couting number, and account number. The tere must be on financial institution letterhead and signed by a financial attachmine expresentative. NOUR NAME WIST REPERS ON THE ACCOUNT. Savings: Attach a letter from your financial institution with your name deess, bank couting number, and account number. The letter must be on nancial institution letterhead and signed by a financial institution presentative. NOUR NAME WIST REPERS ON THE ACCOUNT. The same payment has been deposited more than once into your account, CS limediately correct the mistake AND notify you of the removal of the plicate funds from your account. is authority remains in effect until CSC has received written notification me of its termination in such time and manner to give CSC a reasonable portunity to act on it. WE Name (print): Last:	Pinancial Institutio	n (peint):		
Account Number:	COUNT TYPT (Mark Che): Checking: Attach a voided blank check from the checking account to whice edicect deposit will be made or a letter from your financial institution the your name, address, bank couting number, and account number. The there must be on financial institution letterhead and signed by a financial stitution expresentative. NOR WARE MUST APPEAR ON THE ACCOUNT. Savings: Attach a letter from your financial institution with your name deas, bank couting number, and account number. The letter must be on nancial institution letterhead and signed by a financial institution presentative. NOR WARE MUST APPEAR ON THE ACCOUNT. The same payment has been deposited more than once into your account, CS limited by correct the mistake AND notify you of the removal of the plicate funds from your account. is authority remains in effect until CSC has received written notification on me of its termination in such time and manner to give CSC a ceasonable portunity to act on it. up Name (print): Last:	Beanch Addess:			
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Checking: Attach a voided blank check from the checking account to the direct deposit will be made or a letter from your financial instituted the value name, address, bank coulting number, and account number. The letter must be on financial institution letterhead and signed by a financiatisticution tetterhead and signed by a financiatisticution representative. YOUR MARK WIST APPEAR ON THE ACCOUNT. Savings: Attach a letter from your financial institution with your address, bank coulting number, and account number. The letter must be a financial institution in the letterhead and signed by a financial institution representative. WOUR MARK WIST APPEAR ON THE ACCOUNT. If the same payment has been deposited more than once into your account will immediately correct the mistake ADM notify you of the removal of tideplicate funds from your account. This authority remains in effect until CSC has received written notific from me of its termination in such time and manner to give CSC a reason opportunity to act an it. Your Mark (print): Last:	Checking: Attach a voided blank check from the checking account to whice a direct deposit will be made or a letter from your financial institution. The your name, address, bank couting number, and account number. The there must be on financial institution with your name attitution expresentative. MOUR NAME AGUST APPEAR ON THE ACCOUNT. Savings: Attach a letter from your financial institution with your name deess, bank couting number, and account number. The letter must be on nameful institution letterhead and adjeed by a financial institution presentative. MOUR NAME AGUST APPEAR ON THE ACCOUNT. The same payment has been deposited more than once into your account, CS limediately correct the mistake AND notify you of the removal of the plicate funds from your account. is authority remains in effect until CSC has received written notification may of its termination in such time and manner to give CSC a ceasanable portunity to act on it. WE Name (print): Last:	Account Humber:			
The direct deposit will be made or a letter from your financial instituted with your name, address, bank conting number, and account number. The letter must be on financial institution letterhead and signed by a financialisticution letterhead and signed by a financialisticution cepessentative. MUR MARS MIST APPEAR ON IME ACCOUNT.	e direct deposit will be made or a letter from your financial institution th your name, address, bank couling number and account number. The tree must be on financial institution letterhead and signed by a financia stitution expresentative. YOUR NAME MUST APPEAR ON THE ACCOUNT. Savings: Attach a letter from your financial institution with your name deess, bank couting number, and account number. The letter must be on nancial institution letterhead and signed by a financial institution presentative. WOUR NAME MUST APPEAR ON THE ACCOUNT. the same payment has been deposited more than once into your account, CS limmediately correct the mistake AND notify you of the removal of the plicabe funds from your account. is authority remains in effect until CSC has received written notification on me of its termination in such time and manner to give CSC a ceasonable portunity to act on it. up Name (print): Last:	ACCOUNT TYPE (Mark C	ne):		
address, bank couting number, and account number. The letter must be on financial institution letterhead and signed by a financial institution representative. NOUR MAME BUST AFFERR ON THE ACCOUNT. If the same payment has been deposited more than once into your account will immediately correct the mistake AUD notify you of the comoval of tiduplicate funds from your account. This authority remains in effect until CSC has received written notific from me of its termination in such time and manner to give CSI a ceasen opportunity to act on it. Your Mame (print): Last:	dress, bank couting number, and account number. The letter must be an nancial institution letterhead and signed by a financial institution presentative. NOUR MARE SUIST APPEAR ON THE ACCOUNT. the same payment has been deposited more than once into your account. CS II immediately correct the mistake AVO notify you of the removal of the plicate funds from your account. is authority remains in effect until CSC has received written notification me of its termination in such time and manner to give CSC a ceasanable portunity to act on it. ur Name (print): Last:	the direct deposit w with your name, addr letter must be on fi	ill be made or a letter fo eas, bank routing number, nancial institution letter	com your financia and account numb chead and signed:	l institution ec. T he by a financia
will immediately correct the mistake AND notify you of the removal of the duplicate funds from your account. This authority remains in effect until CSC has received written notific from me of its termination in such time and manner to give CSC a ceason opportunity to act on it. Your Mame (print): Last:	Il immediately correct the mistake AMD notify you of the removal of the plicate funds from your account. is authority remains in effect until CSC has received written notification me of its termination in such time and manner to give CSC a reasonable portunity to act on it. ur Name (print): Last:	address, bank coutin financial institutio	g number, and account number is not account number. And account number is number in the second to be second to the	bec. The letter of a financial ins	must be on
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Your CSC Case Mumber(s): Your Phone Mumber: Your Signature: Please complete and mail this form and attachment to Collection Service Center, ATM: Accounting: 80 Nov. 9125; Dea Maines, IA 50206-9125	us CSC Case Number(s): us Phone Number: us Signature: case complete and mail this form and attachment to Collection Services notes, AITM: Accounting; NO Box 9127; bes Moines, IA 50306-9127; suce to acclose your voided check or letter from your financial	Your Wame (print):	Last:	Piest:	61:
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Be awe to enclose your voided check or letter from your financial institution. Please do not send a deposit slip.		Please complete and	ting; PO Box 9125; Des Xio:	ines, IA 50306-91 c fcom your finan	25

Reminder Notice



PAYEEFT Screen

D479HR13 IOWA COLLECTION AND REPORTING SYSTEM DATE: 09/05/06
PAYEE EFT AUTHORIZATION TIME: 07:46:14

CASE NUMBER...: PAYEE'S ID NUMBER..:

PAYEE....:

BANK NUMBER...:

ACCOUNT NUMBER..:

ADDRESS..:

ACCOUNT TYPE...: EAC/DD NOTICE: 00 00 0000 START DATE....: 00 00 0000 REQUEST DATE.: 00 00 0000

STOP DATE....: 00 00 0000 ISSUE DATE...: 00 00 0000 GENERATE NOTICE: Y EXEMPTION...: LOW 00 00 0000

REQUIRE NOTICE..: N EAC ID.....: 0000000000

PRENOTIFICATION.:

PF2=ADD, PF3=MODIFY, PF4=DELETE EFT, PF5=INQUIRE, PF6= HISTORY PF7=PAGE BACKWARD, PF8=PAGE FORWARD, PF9=REFRESH, PF22=NEW NEXT SCREEN:

NOTES:

PAYEE EFT NOT FOUND, ENTER INFORMATION AND USE PF2 TO ADD