CLERK OF THE MARION CIRCUIT COURT
Accounting & Child Support Division
200 E Washington Street, W-123
Indianapolis, Indiana 46204
(p) 317.327.8090 (f) 317.327.4813
www.indy.gov/clerk

Electronic Funds Transfer (EFT) Change Form

Name:_____ Social Security #: _____

Daytime Telephone #: _____ Custodial Parent's Name:_____

Address:_____
Street Address City State Zip

Date change to take effect: _____

EFT Change:

- ☐ Account Change:
  - ☐ Checking Routing #:_____ Account #:_____
  - ☐ Savings Routing #:_____ Account #:_____
- ☐ Close Account
- ☐ Change amount from $_____ to $_____
- ☐ Other (please explain)_____

  _____

  _____
- ☐ Withdrawal Date:
  - ☐ Weekly (on Friday) ☐ Bi-weekly (on Friday) ☐ 1st day of the month
  - ☐ 10th day of the month ☐ 20th day of the month ☐ 30th of the month
  - ☐ Semi-Monthly (15th & last business day of month)

Please Note: If the designated payment date falls on a weekend or holiday, the deduction will be effective the next business day. Deductions will not begin for at least 15 days after this authorization form is received.

I fully understand and agree that this authorization will remain in effect until I send my written cancellation notice to the Marion County Clerk. In no case can my cancellation be effective with respect to entries processed by the Clerk prior to the receipt of cancelation notification. I understand that if I fail to cancel my authorization, and monies are distributed to the custodial-party, I am responsible for the repayment of these funds back to the Clerk's office. I also understand it is my responsibility to provide the Clerk's office with updated court orders as they become in effect.

Signature: _____ Date:_____