

\$15.00 FEE W/REQUEST (Cash/Money Order or Cashier's Check)
MADE PAYABLE TO DISTRICT CLERK, 111 E. LOCUST, STE. 500, ANGLETON, TX 77515

REQUEST FOR INCOME WITHHOLDING

CAUSE NUMBER _____
(REQUIRED FIELD)

STYLE _____
(REQUIRED FIELD)

VS. _____
(REQUIRED FIELD)

TO THE CLERK OF THE COURT

THE UNDERSIGNED ATTORNEY OR PARTY IN THE ABOVE NUMBERED AND STYLED SUIT HEREIN REQUESTS THAT THE ORDER/DECREE BE MAILED CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE FOLLOWING EMPLOYER AS REQUIRED BY LAW.

TYPE OF ORDER (REQUIRED FIELD): _____

DATE OF ORDER (REQUIRED FIELD): _____

NAME OF EMPLOYER (REQUIRED FIELD): _____

PAYROLL DEPT. ADDRESS (REQUIRED FIELD) _____

A. OBLIGOR (REQUIRED FIELD) _____ DRIV. LIC.# _____
(PAYOR)
ADDRESS _____ SOC. SEC.# _____

B. OBLIGEE) (REQUIRED FIELD) _____ DRIV. LIC.# _____
(PAYEE)
ADDRESS _____ SOC. SEC.# _____

C. CHILD/CHILDREN - SUBJECT OF THIS ORDER
NAME _____ SOC. SEC.# _____
ADDRESS _____
NAME _____ SOC. SEC.# _____
ADDRESS _____
NAME _____ SOC. SEC.# _____
ADDRESS _____

SIGNED _____ DATE _____
ATTORNEY OR PARTY (Signature Required)

By signing this Authorization Form, I consent to the policy of the Office of the Attorney General (OAG) for recovering money sent to me in error. Money sent to me in error, NOT repaid within 30 days of notice of overpayment, will be withheld from future child support payments.

I authorize the financial institution to accept the deposit for my account and to make adjustments to my account to correct any error relating to the deposit.

I agree and understand that this authorization for direct deposit revokes OAG form 1A004, Authorization For Release of Information with respect to redirection of child support payments.

This Authorization form will remain in effect until revoked by me in writing or canceled by the financial institution and supercedes any existing instructions concerning my child support direct deposit. I also understand that I have a responsibility to provide a written request to discontinue direct deposit. To discontinue direct deposit and provide a mailing address for future payments I must call 1-800-252-8014 to request an Authorization Form, or execute OAG form 1A004 if payments are to be directed to a person other than myself. The Authorization form should be returned to the TXCSDU, P.O. Box 659400, San Antonio, TX 78265.

I agree that the TXCSDU will have no responsibility for personal checks written against my account prior to the funds being available in my account, and my account will be administered in accordance with the rules and regulations of the financial institution.

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.