

» REGISTRATION FORM

EMPLOYER REGISTRATION FOR ELECTRONIC FUNDS TRANSFER

You Must Complete and Submit this Information before Making Your First Electronic Transmission to Ohio CSPC.

Company Name: _____

Abbreviated Company Name: _____

(Please print the 16 alphanumeric characters that will be used in the ACH header record to identify the company)

FEIN: _____

(Federal Employer Identification Number)

Employer Child Support Contact Name: _____

Employer Child Support Contact Phone: _____

Employer Child Support Contact Fax: _____

Employer Child Support Email: _____

Technical Contact Name: _____

Technical Contact Phone: _____

Technical Contact Fax: _____

Technical Contact Email: _____

Signature: _____ Date: _____

(Person completing the form)

Please Complete All Information. If you have any questions, please call CSPC Customer Service at 1-888-965-2676, Monday Through Friday, 7:00 A.M. To 6:00 P.M. EST.

Fax or mail this form to:

Fax: 1-614-891-8837

Mail: Ohio CSPC
EDI/ACH Registration
Post Office Box 182497
Columbus, Ohio 43218-2497