

Child Support Account Set Up Form

THIS FORM MUST BE COMPLETED AND TURNED IN TO COLLIN COUNTY CHILD SUPPORT FOR AN ACCOUNT TO BE ACTIVATED

THIS FORM MAY ALSO BE FAXED TO 972-548-4131 or emailed to:

childsupport@collincountytx.gov

Cause# _____ Temp. ___ Final ___ Modification ___
Rule 11 Agreement _____ Memorandum _____

Payee: Person Receiving Child Support

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Full SS# _____ DOB: _____

Home Phone: _____ Work Phone: _____

Payor: Person Paying Child Support

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Full SS# _____ DOB: _____

Home Phone: _____ Work Phone: _____

Children Involved

Name Birthdate

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

Date first payment due: _____ Amount: \$ _____

Monthly _____ Bi-monthly _____ Bi-weekly _____ Weekly _____

- **FULL social security number is MANDATORY for set up**
- Custodial and Non-Custodial parents will be identified by their SS#
- **This form will be destroyed after the account is set up**