



We are able to accept DD forms via encrypted email.

To encrypt email type DHCENCRYPT in the subject line of the email and it automatically encrypts the email.

Discontinuation of Electronic Payment
PLEASE TYPE INFORMATION OR PRINT

Primary Vendor's Name	Secondary Vendor's Name	Business Name
Date of Birth	Date of Birth	Origination Date
Social Security #	Social Security #	Social Security # or EIN #
E-mail Address (optional)**		
Street Address		
City, State, Zip Code, County of Residence		
PO Box Address, if applicable City, State, Zip Code		

I hereby request the Division of Family and Children Services (DFCS/DHS) to **STOP MY DIRECT DEPOSIT** to my Bank/Direct Payment Card account.

In order to start my Direct Deposit/Payment Card account again I will have to submit to DFCS/DHS a new authorization form with the appropriate banking information.

Primary Vendor's Signature (Required)	Date	Contact Telephone #
Secondary Vendor's Signature (Required)	Date	Contact Telephone #
Business Owner, President, or CEO (Required)	Date	Contact Telephone #

Mail to: Field Fiscal Services
Attn: Direct Deposit Representative
P.O. Box 1921
Dublin, GA 31040-1921
DFCS-FiscalServices@dhs.ga.gov

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