

**PAYMENT LISTING FORM**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer FEIN: \_\_\_\_\_

Remittance Date: \_\_\_\_\_

SEND PAYMENTS ONLY TO THIS ADDRESS:

NYS CHILD SUPPORT PROCESSING CENTER  
 PO BOX 15363  
 ALBANY NY 12212-5363

|   |          |
|---|----------|
| <b>PLEASE ENTER THE<br/>TOTAL AMOUNT<br/>ENCLOSED</b> | \$ _____ |
|---|----------|

**IMPORTANT INFORMATION**

**NOTICE TO EMPLOYERS – ELECTRONIC PAYMENT SERVICE AVAILABLE**

The New York State Child Support Processing Center strongly encourages employers to remit child support payments via Electronic Funds Transfer (EFT). An EFT has the benefit of reduced cost, accurate submission and faster processing of the child support payment. For many employers, EFT may represent substantial savings over individual check preparation.

To facilitate EFT, please contact any Customer Service Representative at 1-888-208-4485 or write for an informational packet to New York State Child Support Processing Center, PO Box 15363, Albany, New York 12212-5363.

**DIRECTIONS**

Please refer to the Income Withholding for Order/Notice for Support (IWO) to obtain complete and correct information to complete the fields below. All information must be recorded to make sure that the respondent/employee receives credit for the support withholding.

| RESPONDENT/EMPLOYEE NAME |       |    | NEW YORK CASE IDENTIFIER | DATE(S) OF WITHHOLDING | WITHHOLDING AMOUNT |
|--------------------------|-------|----|--------------------------|------------------------|--------------------|
| First,                   | Last, | MI |                          |                        |                    |
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For additional respondents/employees please continue to Page 2.

