

Ohio Department of Job and Family Services
EMPLOYER REGISTRATION FORM 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 <i>(Please print the 16 alphanumeric characters that will be used in the ACH header record to identify the company)</i>	
FEIN <i>(Federal Employer Identification Number)</i>	
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 <i>(Person completing the form)</i>	Date

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: 1-614-985-4452

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