

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 be emailed to: childsupport@collincountytx.gov or Mailed to:

District Clerks Office

PO Box 578, McKinney, Texas 75070

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

Payee: Person Receiving Child Support

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Full SS# _____ DOB: _____ Gender _____

Home Phone: _____ Work/Cell Phone: _____

Payor: Person Paying Child Support

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Full SS# _____ DOB: _____ Gender _____

Home Phone: _____ Work/Cell Phone: _____

Children Involved:

Name	Birth Date	Social Security #	Gender

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**