



BUTLER COUNTY CHILD SUPPORT ENFORCEMENT

315 High Street, 7th Floor, Hamilton, Ohio 45011

phone: 513.887.3362 | fax: 513.887.3699

web: csea.bcoho.us

**REPORTING A NEW EMPLOYER OR BANK ACCOUNT INFORMATION FORM**

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

**-OR-**

**Complete the following section only if you do not have a current employer and are providing your bank account information so we may deduct the child support from your bank account.**

Financial Institution/Bank Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Institution/Bank Phone #: \_\_\_\_\_

Routing # : \_\_\_\_\_

Account #: \_\_\_\_\_

Is this Account?    Checking    Savings

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

If you have any other questions please contact our agency at (513)887-3362.