



Direct Deposit Authorization Form

New Change Cancel

(Check One Box Above and Complete the Balance of the Form in its Entirety)

Your Name (Please Print):

Phone Numbers:

Current Address:

Social Security Number:

Case ID or Court Case (Docket) #:

(Identify One Case Number, but Multiple Cases May be Paid in a Single Deposit.)

Bank Name: _____

Bank Account Number:

Bank

- Checking
- Savings

Routing Number: _____

For a CHECKING account: Write VOID on an unused check and attach here

For a SAVINGS account: Contact your bank. Obtain written verification of your account and routing numbers from your bank. Attach that verification to this form.

John and Mary Jones 1234
123 Main Street
Anytown, MI 48888

Pay to: _____ \$ _____

VOID DOLLARS

Anytown Bank
Anytown, MI 48888

For: _____ Do Not Complete Shaded Area

|: 072412345 |: 0012300456 " " 1234

Routing Number (9 digits) Account Number (up to 17 digits)

I authorize the State of Michigan to deposit all support-related payments due me into the designated financial institution and account, and, if necessary, to initiate correcting entries, in case duplicates or other error transactions occur. I understand that the deposits will be made electronically, under the rules of the National Automated Clearing House Association (NACHA), and the State of Michigan. This authorization will remain in effect until cancelled by me with written notification to the state, or cancelled by the financial institution or the State of Michigan, at which time they will notify me by mail at the most current address they have on file for me.

Sign Here: _____ DATE: _____

Mail this form and your attached check or bank verification to:

MiSDU
Attn: Direct Deposit
PO Box 30354
Lansing, MI 48909 - 7854 FAX: 517-318-4697