DIRECT DEPOSIT AUTHORIZATION FORM

Michigan State Disbursement Unit
Michigan Department of Health and Human Services

☐ **New** ☐ **Change** ☐ **Cancel**
(Check one box above and complete the entire form.)

Your Name (Please Print):

Last | First | Middle

Phone Numbers:

Home Phone | Work Phone | Other Phone

Current / New Address:

Number/Street/Apt Number | City | State/Zip | Country (if not US)

Social Security Number:

Case ID or Court Case (Docket) Number:
(Identify one case number, but multiple cases may be paid in a single deposit.)

Number | County

Bank Name:

Bank Routing Number:

Bank Account Number:
☐ **Checking**
☐ **Savings**

<u>For a CHECKING account:</u>
Write VOID on an unused check and attach here

<u>For a SAVINGS account:</u>
Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form.

John and Mary Jones
123 Main Street
Anytown, MI 48888

1234

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 payments into the designated financial institution and account, and to initiate correcting entries, if necessary. 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 to:

MiSDU
Attn: Address Change
PO Box 30354
<u>Lansing, MI 48909 – 7854</u>
FAX: 517-318-4697

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