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):

Last First Middle

Phone Numbers:

Home Phone Work Phone Other Phone

Current Address:

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

Social Security Number:

Case ID or Court Case (Docket) #:
(Identify One Case Number, but Multiple Cases May be Paid in a Single Deposit.)

Number County

Bank Name:

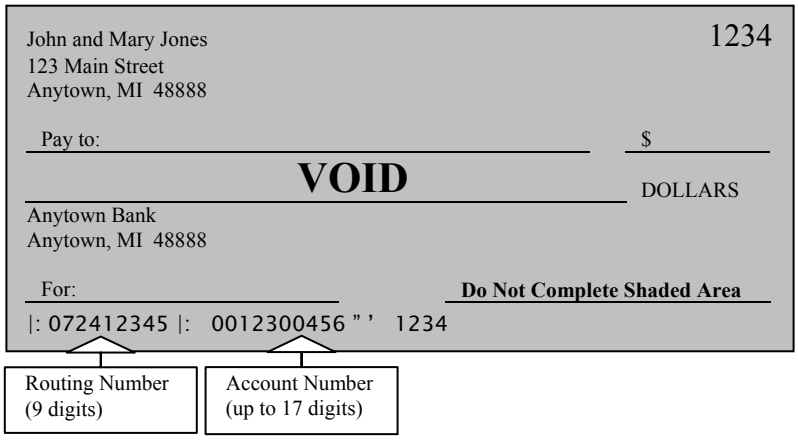
Bank Account Number:

☐ **Checking**
☐ **Savings**

Bank 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.



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:**

AT 2006-012 Attachment 5

Mail this Form to:

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