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

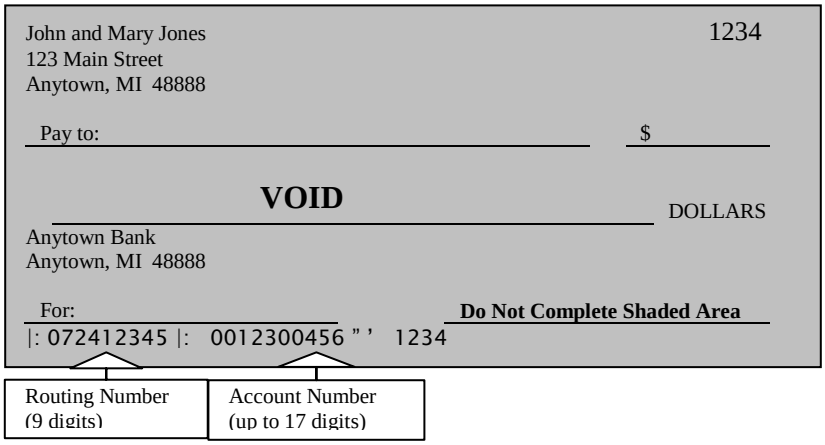
Bank Name:

Bank Routing Number:

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

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

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



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
Lansing, MI 48909 – 7854
FAX: 517-318-4697

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.