

## **Direct Deposit Authorization Form**

Michigan State Disbursement Unit Michigan Department of Human Services

! New ! Change ! Cancel

(Check one box above and complete the entire form.)

Your Name (please print):

Last	First	Mido	lle
Phone Numbers:			
Home Phone	Work Phone	Other Phone	
Current Address:			
Number/Street/Apt. Number	City	State/ZIP	Country (if not U.S.)
Social Security Number:	Case ID or Court Case (Docket) Number: (Identify one case number, but multiple cases may be paid in a single deposit.)		
Bank Name:		Number	County
Bank Routing Number:		Bank Account N	umber: ! Checking ! Savings
For a CHECKING account: Write VOID on an unused check and attach here. For a SAVINGS account:	John and Mary Jones 123 Main Street Anytown, MI 48888 Pay to:	VOID	1234 \$
Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form.	Anytown Bank Anytown, MI 48888 For:  : 072412345  : 00123	<b>VOID</b> <u>Do Not</u> 300456 " ' 1234	DOLLARS

I authorize the State of Michigan to deposit all support payments with 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 or fax this form to: MiSDU Attn: Direct Deposit P.O. Box 30354 Lansing, MI 48909-7854 FAX: 517-318-4697

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion,	Legal Authorities: 45 CFR
age, national origin, color, height, weight, marital status, 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 a DHS office in your	307.10
area.	Completion: Voluntary