



DEBIT CARD AUTHORIZATION
Michigan Department of Health and Human Services

Your Name (Please Print):

Last First Middle

Phone Numbers:

Home Phone Work Phone Other Phone

Current/New Address:

Name/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

I authorize the State of Michigan to deposit all support-related payments due me onto a Debit Card.

Sign Here:

Date:

Mail or fax this form to:
MiSDU
PO Box 30354
Lansing, MI 48909-7854
FAX: (517) 318-4697

Note: The debit card will not be an interest-bearing account, and no interest will accumulate from money applied to the debit card.

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.