MiSDU P.O. BOX 30354 LANSING, MI 48909-7854

> JANE DOE 258 SOUTHCREEK DR MOUNT MI 48888-9999



GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ROBERT GORDON DIRECTOR

Date: November 18, 2020

Notice Regarding Your Electronic Payments

From: MiSDU P.O. Box 30354 Lansing, MI 48909-7854

- To: Jane Doe 258 Southcreek Dr Mount, MI 48888-9999 Member ID - 99999999
- Re: Electronic Payments

A change has been made to your electronic child support payments.

We identified that you are receiving electronic payments to multiple debit card and/or bank (credit union or other financial institution) accounts. We do not permit electronic payments to multiple accounts. As a result, we will begin sending all of your electronic payments to just one account.

Payments will electronically go to your debit card ending in 9999 for all of your dockets:

2005999999-TM 1999999999-DS 1995999999-DP \* 2003999999-DM 1994888888-DZ \*

\* The debit card ending in 9999 originally had electronic payments set up only for this docket(s).

If you do not wish to have your electronic payments sent to the account identified above, please complete the enclosed Direct Deposit Authorization form and mail or fax it according to the directions on the form.

This change will not affect payments already sent. Please check with your financial institution to confirm the availability of the money in the accounts no longer receiving support payments.

If you have questions about the above information, please call the Friend of the Court Interactive Voice Response (24-Hour Case Information Access Line) at 877-543-2660, or visit the Michigan State Disbursement Unit (MiSDU) website at <u>www.misdu.com</u>.

## DIRECT DEPOSIT AUTHORIZATION

Michigan Department of Health and Human Services

Michigan State Disbursement Unit

Check one box and complete the entire form.		
New	Change	Cancel
Name (Last, First, Middle) (Print)		
Home Telephone Number	Work Telephone Number	Date of Birth (MMDDYYYY)
Current/New Address (Number, Street, Apt. Number, City, State, Zip Code, 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		
Bank Routing 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.	John and Mary Jones 123 Main Street Anytown, MI 48888 Pay to: VOI Anytown Bank Anytown, MI 48888 <u>For:</u>  :072412345   0012300456 123 Routing Number Number (up (9 digits) to 17 digits)	SAMPLE: Do not complete

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 or fax this form to:

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

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.