MiSDU
Michigan State Disbursement Unit

Debit Card Authorization Form
Michigan Department of Human Services

Your Name (Please Print):

Last First Middle

Phone Numbers:

Home Phone Work Phone Other Phone

Current / New 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

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.