DIRECT DEPOSIT AUTHORIZATION

Michigan Department of Health and Human Services Michigan State Disbursement Unit

Check one box and complete the e ☐ New	entire form. Change		☐ Cancel	☐ 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	urity Number Case ID or Court Case (Docket) Number				
Godal Geodiffy Number	(Identify one case number, but multiple cases may be paid in a single deposit.)				
	Number		County	County	
Bank Name					
Bank Routing Number	Bank Account Number Checking Savings				
For a CHECKING account: Write VOID on an unused check and attach here.	John and Mai 123 Main Stre Anytown, MI	eet		1234	
For a SAVINGS account: Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form.	Pay to:		OID	\$ DOLLARS	
	Anytown Bank Anytown, MI 48888		<u> </u>		
	For: :072412345	0012300456		: Do not complete	
	Routing Number (9 digits)	Account Number (up to 17 digits)			
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.					

DHS-1377 (Rev. 11-20) Previous edition obsolete.

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.