

## **DIRECT DEPOSIT AUTHORIZATION FORM**

Michigan State Disbursement Unit Michigan Department of Health and Human Services

Michigan State Disbursement Unit  Your Name (Please Print):	☐ <b>New</b> (Check one	☐ Change e box above and complete the	Cancel entire form.)
Last	First		Middle
Phone Numbers:			
Home Phone	Work Phone		Other Phone
Current / New Address:			
Number/Street/Apt Number	City	State/Zip	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.)	
Bank Name:		Number	County
Bank Routing Number:		Bank Account Number:	<ul><li>☐ Checking</li><li>☐ Savings</li></ul>
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.	Anytown Bank Anytown, MI 48888  For:  : 072412345  : 00123  Routing Number   Accounts	unt Number	1234 \$ DOLLARS
I authorize the State of Michigan to deposit		o 17 digits) esignated financial institution and acc	ount, 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 this Form to:

MiSDU

Attn: Address Change
PO Box 30354

Lansing, MI 48909 – 7854

Lansing, MI 48909 – 7854 FAX: 517-318-4697

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