

DIRECT CREDIT

Date: _____

PAYER NAME: _____ CASE NO. _____

S.S.# _____ CASEWORKER: _____

ADDRESS: _____ EMPLOYER: _____

() _____

() _____

I, THE UNDERSIGNED _____, DO HEREBY AUTHORIZE THE FRIEND OF THE COURT TO CREDIT THE ABOVE CAPTIONED ACCOUNT FOR SUPPORT OWED DIRECTLY TO MYSELF. SAID CREDIT IS TO BE APPLIED TO ARREARS AS FOLLOWS AND IS SUBJECT TO REVIEW PRIOR TO BEING APPROVED.

\$ _____ CHILD SUPPORT \$ _____ SPOUSAL SUPPORT

\$ _____ MEDICAL SUPPORT \$ _____ OTHER _____

\$ _____ CHILD CARE \$ _____ TOTAL CREDIT

I AM NOT CURRENTLY RECEIVING CASH ASSISTANCE FROM THE STATE OF MI. _____
(Payee Initials)

CREDIT WILL NOT BE GRANTED (OR MAY BE REVOKED IF PREVIOUSLY APPROVED) IF PAYMENT WAS TENDERED DURING ANY TIME THE PAYEE WAS RECEIVING STATE ASSISTANCE WHERE AN ASSIGNMENT OF CHILD SUPPORT RIGHTS WAS GRANTED UNLESS SAID PAYMENTS WERE PROPERLY REPORTED TO THE DEPARTMENT OF HUMAN SERVICES OR ANY KNOWN OR SUBSEQUENTLY DISCOVERED OBLIGATION TO THE STATE OF MICHIGAN.

DRIVER LICENSE NUMBER AND STATE

SIGNED _____

ADDRESS _____

THIS FORM MUST BE NOTARIZED
IF NOT SIGNED BEFORE A
CASEWORKER OR PARALEGAL

S.S.# _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ A.D., _____

INFORMATION TAKEN/VERIFIED BY: _____

NOTARY PUBLIC, GENESEE COUNTY, MI
COMMISSION EXPIRES: _____

FOR OFFICE USE ONLY

	CASEWORKER APPROVAL	SUPERVISOR APPROVAL
BENCH WARRANT <input type="checkbox"/> YES <input type="checkbox"/> NO		