

DIRECT CREDIT

Date: _____

CASE NO. _____

PAYER NAME: _____

EMPLOYER: _____

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

() _____

() _____

I, THE UNDERSIGNED _____, DO HEREBY AUTHORIZE THE FRIEND OF THE COURT TO CREDIT THE ABOVE CAPTIONED ACCOUNT AND SAID CREDIT IS TO BE APPLIED TO THE ARREARS BALANCE.

NO ADDITIONAL DIRECT CREDITS WILL BE APPROVED FOR A MINIMUM OF 12 MONTHS.

EFFECTIVE _____ I WISH TO WAIVE ANY AND ALL ARREARS OWED DIRECTLY TO MYSELF, AND THE TOTAL AMOUNT WAIVED IS SUBJECT TO A REVIEW PRIOR TO CREDIT BEING ISSUED.

-OR-

A CREDIT TO BE APPLIED AS FOLLOWS, FOR SUPPORT OWED DIRECTLY TO MYSELF, AND IS SUBJECT TO A REVIEW PRIOR TO CREDIT BEING ISSUED.

\$ _____ 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 # AND STATE

SIGNED _____ DATE _____

SOCIAL SECURITY NUMBER

*ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____

*If address different on system, the address provided will be updated as a legal mailing address.

PAYEE PHONE NUMBER

THIS FORM MUST BE NOTARIZED IF NOT SIGNED BEFORE A GENESEE COUNTY FOC EMPLOYEE

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

NOTARY PUBLIC, _____, MI

COMMISSION EXPIRES: _____

FOR OFFICE USE ONLY
Updated 06/2015

INFORMATION TAKEN/VERIFIED BY _____

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