



Per Capita Department
7500 Soaring Eagle Blvd
Mt. Pleasant, MI 48858

Phone: 989.775.4040
Fax: 989.775.4075
Email: percapita@sagchip.org

PER CAPITA CHILD SUPPORT VOLUNTARY WITHHOLDING ORDER

Member Name: _____

Member #: _____

Last 4 Digits of Social Security #: _____

Date to Start Deduction: _____ / _____ / _____

Bi-Weekly Deduction Amount: \$ _____

Name of County: _____

Case #: _____

Send Payments to: Michigan State Disbursement Unit (MISDU)

Signature

_____/_____/_____
Date