



Per Capita Department  
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## 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