

## SUPPORT REMITTANCE FORM

This form should be filled out and sent each pay period to SDU along with your check made payable to SDU. The address for the SDU is P.O. Box 5400, Carol Stream, Illinois, 60197-5400. The following information must be included with payments to the SDU:

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Docket Number \_\_\_\_\_  
Issuing County \_\_\_\_\_  
Payment Amount \_\_\_\_\_  
Name of the Custodial Parent \_\_\_\_\_  
Address of the Custodial Parent \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Without the above information, the State Disbursement Unit cannot forward the payment to the custodial parent. **PLEASE NOTE, CHECKS MUST BE MADE PAYABLE TO THE SDU. IT IS IMPORTANT THAT YOU SEND YOUR PAYMENTS TO THE SDU WITH THE ABOVE CRITICAL INFORMATION.**

If you have any questions, please call the SDU at 1-877-664-5738 or visit [www.ilchilddisbursement-employer.com](http://www.ilchilddisbursement-employer.com).