

Payment Coupon

N

Name _____

Social Security Number *or* _____

KIDS PIN _____

Designated Court Case Number (Optional) _____

Amount Enclosed \$ _____

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To Child Support Payers:

Mail this form along with your check or money order (payable to **WI SCTF**) to pay your child support. Be sure to write your KIDS PIN number on your check or money order.

Please mail to:

**Wisconsin Support Collections Trust Fund (WI SCTF)
Box 74200
Milwaukee, WI 53274-0200**

Thank you!

DWSC-13355 (R.02/2009)

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