

PAYMENT COUPON

NAME: _____

PAYMENT AMOUNT: \$ _____

CASE NUMBER(S): _____

SOCIAL SECURITY NUMBER: _____

PARTICIPANT ID NUMBER: _____

Please make checks or money orders payable to, and send payments to:

CALIFORNIA STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO CA 95798-9067

PLEASE RETURN THIS COUPON WITH YOUR PAYMENT

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