



Please Remit to Illinois Child Support Services
ILSDU
PO Box 5400
Carol Stream, Illinois 60197

PAYOR NAME: _____

AMOUNT: \$ _____

REMITTANCE IDENTIFIER (DOCKET): _____

ISSUING COUNTY and/or FIPS: _____

SOCIAL SECURITY NUMBER: xxx-xx- _____

HFS 2572A (N-6-18)



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3 Easy Steps to Making Your Payment

If you do not know your Remittance Identifier or Case Information Please Call Customer Service

1-877-225-7077

Complete the Remittance Slip

Make the payment Payable to ILSDU

Mail Payments to:
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P.O. Box 5400
Carol Stream, IL
60197-5400

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