

Pennsylvania State Collection and Disbursement Unit (PA SCDU)

Temporary Payment Coupon

Member Name: _____
(Please include complete first and last name)

Member Number: _____ **Member Social Security #:** _____
(10 digit number, no spaces or dashes) (9 digit number)

Payment Number: _____ **Payment Amount:** _____
(Enter check or money order number from payment submitted with this coupon.)

**Mail Payments to: Pennsylvania SCDU
PO BOX 69110
HARRISBURG PA
17106-9110**

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