

# APPENDIX T

**APPENDIX T  
EMPLOYER BILLING NOTICE AND  
TRANSMITTAL FORM**

# Pennsylvania State Collection and Disbursement Unit (PA SCDU)

## IMPORTANT INFORMATION

1. Remit a signed check or money order payable to **PA SCDU. DO NOT ENCLOSE CASH OR CORRESPONDENCE.** Make sure your check or money order is properly signed, dated, and endorsed.
2. Use these coupons to make current payments. **DO NOT WRITE NEW INFORMATION ON THE COUPON AND DO NOT CROSS OUT EXISTING INFORMATION. DISCARD ANY OLD COUPONS OR COUPONS WITH INCORRECT INFORMATION.**
3. Complete the "AMOUNT ENCLOSED" field with the amount of the payment you are sending.
4. Place an X in the " No Longer Employed" box only if the employee listed has been terminated. Do NOT mark this box if the employee is temporarily laid off, receiving workman's compensation/disability, or is a seasonal employee.
5. If the business address is incorrect, place an X in the "Change of Address" box and correct the address on the face of returned coupon.
6. If you would like to stop receiving these coupons, please call 1-877-676-9580.
7. Remember to report all new hires to the Pennsylvania New Hire Reporting Program at [www.panewhires.com](http://www.panewhires.com)



EMPLOYER NAME  
ADDRESS 1  
CITY, STATE, ZIP CODE

1-1  
P\_Cp1e184.1

Employee: NAME  
Member ID: 0000000000  
SSN: XXX-XX-0000  
Employer ID: 0000000000

To make electronic payments: [ExpertPay.com](http://ExpertPay.com)  
To request EFT info, email:  
[pa-childsupp-2.fc-sls@xerox.com](mailto:pa-childsupp-2.fc-sls@xerox.com)

**Notice:**  
All bank returns are being sent for private collection. These collection efforts can include electronic collection from your account as well as traditional methods.

Pennsylvania State Collection and Disbursement Unit (PA SCDU) - 1-877-676-9580  
Form: cp1e1o  
**EMPLOYER/AGENCY REMITTANCE COUPON**

P\_Cp1e184.1  
00001

No Longer Employed:

Employee: NAME  
Member ID: 0000000000  
SSN: XXX-XX-0000

Monthly Amount Due: \$0.00  
**Divide by pay frequency**

AMOUNT ENCLOSED:

\$

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Employer/Agency: NAME  
Employer ID: 0000000000

Mail Payments To:

Change of Address:

Pennsylvania SCDU  
P. O. Box 69112  
Harrisburg, PA 17106-9112

P\_Cp1e184.1  
00001

Access our on-line services at [www.childsupport.state.pa.us](http://www.childsupport.state.pa.us)

03 0307001056 0805000115 0006000 1

Pennsylvania State Collection and Disbursement Unit (PA SCDU) - 1-877-676-9580  
Form: cp1e1o  
**EMPLOYER/AGENCY REMITTANCE COUPON**

P\_Cp1e184.1  
00001

No Longer Employed:

Employee: NAME  
Member ID: 0000000000  
SSN: XXX-XX-0000

Monthly Amount Due: \$0.00  
**Divide by pay frequency**

AMOUNT ENCLOSED:

\$

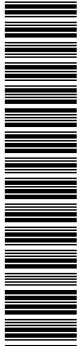
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Employer/Agency: NAME  
Employer ID: 0000000000

Mail Payments To:

Change of Address:

Pennsylvania SCDU  
P. O. Box 69112  
Harrisburg, PA 17106-9112



03 0307001056 0805000115 0006000 1

Pennsylvania State Collection and Disbursement Unit (PA SCDU) - 1-877-676-9580

**EMPLOYER/AGENCY REMITTANCE COUPON**

No Longer Employed:

Employee: NAME  
Member ID: 0000000000  
SSN: XXX-XX-0000

Monthly Amount Due: \$0.00

**Divide by pay frequency**

Employer/Agency: NAME  
Employer ID: 0000000000

AMOUNT \$  
ENCLOSED:

--	--	--	--	--	--	--	--	--	--

Mail Payments To: Change of  
Pennsylvania SCDU Address:   
P. O. Box 69112  
Harrisburg, PA 17106-9112

If you do not have a Wage Attachment Order for a defendant listed on the coupon, you must have the DEFENDANT contact the Domestic Relations Section that manages the court order.

03 0307001056 0805000115 0006000 1

Pennsylvania State Collection and Disbursement Unit (PA SCDU) - 1-877-676-9580

**EMPLOYER/AGENCY REMITTANCE COUPON**

No Longer Employed:

Employee: NAME  
Member ID: 0000000000  
SSN: XXX-XX-0000

Monthly Amount Due: \$0.00

**Divide by pay frequency**

Employer/Agency: NAME  
Employer ID: 0000000000

AMOUNT \$  
ENCLOSED:

--	--	--	--	--	--	--	--	--	--

Mail Payments To: Change of  
Pennsylvania SCDU Address:   
P. O. Box 69112  
Harrisburg, PA 17106-9112

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03 0307001056 0805000115 0006000 1

Pennsylvania State Collection and Disbursement Unit (PA SCDU) - 1-877-676-9580

**EMPLOYER/AGENCY REMITTANCE COUPON**

No Longer Employed:

Employee: NAME  
Member ID: 0000000000  
SSN: XXX-XX-0000

Monthly Amount Due: \$0.00

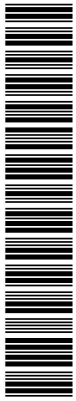
**Divide by pay frequency**

Employer/Agency: NAME  
Employer ID: 0000000000

AMOUNT \$  
ENCLOSED:

--	--	--	--	--	--	--	--	--	--

Mail Payments To: Change of  
Pennsylvania SCDU Address:   
P. O. Box 69112  
Harrisburg, PA 17106-9112



03 0307001056 0805000115 0006000 1

# Pennsylvania State Collection and Disbursement Unit (PA SCDU)

## 1-877-676-9580

New State Law may require you to submit payment electronically. You may see this law at: <http://www.legis.state.pa.us/Wu01/LI/BI/BT/2005/0/SB1205P1869.HTM> For questions concerning electronic setup please call 1-877-676-9580

To make electronic payments:  
**ExpertPay.com**

To request EFT Info, Email:  
**pa-childsupp-2.fc-sls@xerox.com**



EMPLOYER NAME  
EMPLOYER ADDRESS 1  
CITY, STATE, ZIP CODE

1-1  
P\_Cp5e184.1

### IMPORTANT INFORMATION

**Notice:**  
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1. Remit a signed check or money order payable to **PA SCDU. DO NOT ENCLOSE CASH OR CORRESPONDENCE.** Make sure your check or money order is properly signed, dated, and endorsed.
2. Use these coupons to make current payments. **DISCARD ANY OLD COUPONS.**
3. Complete the "Amount Enclosed" field with the amount of the payment you are sending.
4. Place an "X" in the "No Longer Employed" box only if the employee listed has been terminated. Do NOT mark this box if the employee is temporarily laid off, receiving workman's compensation/disability, or is a seasonal employee.
5. If the business address is incorrect, place an "X" in the "change of address" box and correct the address on the face of the returned coupon.
6. A blank coupon identified as "Remittance List" has been provided for any new employees. Complete this coupon and return for any new employees not pre-printed on your coupons.
7. If you would like to stop receiving these coupons, please call 1-877-676-9580.
8. Remember to report all new hires to the Pennsylvania New Hire Reporting System at [www.panewhires.com](http://www.panewhires.com).

If **you do not have a Wage Assignment Order** for a defendant listed on the coupon, you must have the DEFENDANT **contact the Domestic Relations Section** that manages the court order.

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#### REMITTANCE LIST - For New Employees

Employer/Agency: Employer ID: 0000000000  
**Employer Name**

Form: cpme1n  
P\_Cp5e184.1-00001

Employee Name	Member ID	SSN	\$ Amount Enclosed
			<input type="text"/>
			<input type="text"/>

CHANGE OF ADDRESS:

Access our on-line services at  
[www.childsupport.state.pa.us](http://www.childsupport.state.pa.us)

**Mail Payments To:**  
Pennsylvania SCDU  
P. O. Box 69112  
Harrisburg, PA 17106-9112

#### EMPLOYER/AGENCY REMITTANCE LIST

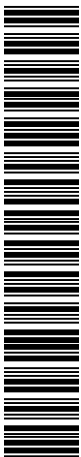
Employer/Agency: Employer ID: 0000000000  
**Employer Name**

Form: cpme1n  
P\_Cp5e184.1-00001

Employee Name/ SSN	Member ID	\$ Amount Enclosed	No Longer Employed
<b>NAME</b> XXX-XX-0000	0000000000	<input type="text"/>	<input type="checkbox"/>
<b>NAME</b> XXX-XX-0000	0000000000	<input type="text"/>	<input type="checkbox"/>
		<input type="text"/>	<input type="checkbox"/>
		<input type="text"/>	<input type="checkbox"/>
		<input type="text"/>	<input type="checkbox"/>

CHANGE OF ADDRESS:

**Mail Payments To:**  
Pennsylvania SCDU  
P. O. Box 69112  
Harrisburg, PA 17106-9112



EMPLOYER/AGENCY REMITTANCE LIST

Employer/Agency: Employer ID: 0000000000  
Employer Name

P\_Cp5e184.1-00001

Employee Name/  
SSN

Member ID

\$ Amount Enclosed

No Longer  
Employed

NAME

XXX-XX-0000

0000000000

[Red dashed box for amount]

CHANGE OF  
ADDRESS:

NAME

XXX-XX-0000

0000000000

[Red dashed box for amount]

[Red dashed box for amount]

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[Red dashed box for amount]

Mail Payments To:  
Pennsylvania SCUDU  
P. O. Box 69112  
Harrisburg, PA 17106-9112

If you do not have a Wage Attachment Order for a defendant listed on the coupon, you must have the DEFENDANT contact the Domestic Relations Section that manages the court order.

EMPLOYER/AGENCY REMITTANCE LIST

Employer/Agency: Employer ID: 0000000000  
Employer Name

P\_Cp5e184.1-00001

Employee Name/  
SSN

Member ID

\$ Amount Enclosed

No Longer  
Employed

NAME

XXX-XX-0000

0000000000

[Red dashed box for amount]

CHANGE OF  
ADDRESS:

NAME

XXX-XX-0000

0000000000

[Red dashed box for amount]

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EMPLOYER/AGENCY REMITTANCE LIST

Employer/Agency: Employer ID: 0000000000  
Employer Name

P\_Cp5e184.1-00001

Employee Name/  
SSN

Member ID

\$ Amount Enclosed

No Longer  
Employed

NAME

XXX-XX-0000

0000000000

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CHANGE OF  
ADDRESS:

NAME

XXX-XX-0000

0000000000

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[Red dashed box for amount]

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EMPLOYER/AGENCY REMITTANCE LIST

Employer/Agency: Employer ID: 0000000000  
Employer Name

P\_Cp5e184.1-00001

Employee Name/  
SSN

Member ID

\$ Amount Enclosed

No Longer  
Employed

NAME

XXX-XX-0000

0000000000

[Red dashed box for amount]

CHANGE OF  
ADDRESS:

NAME

XXX-XX-0000

0000000000

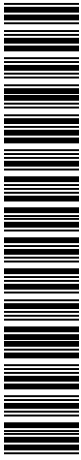
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