



ILLINOIS
STATE DISBURSEMENT UNIT
P.O. Box 5921
Carol Stream, IL 60197-5921
Customer Service: (877) 225-7077

Way2Go Card® Cancellation Form

First Name: _____
Last Name: _____
Social Security Number: _____
Street Address: _____

City: _____ State: _____ Zip: _____

List all the docket numbers to which Way2Go Card® cancellation will apply:

Docket Number	Issuing County or FIPS Code
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, _____, do not want my child support payments to be paid via the Way2Go Card® MasterCard anymore. I understand that the ILSDU will not credit any remaining balance in the form of a check or Direct Deposit. It is my responsibility to clear my balance from this card.

Signature (required to validate this request)

Date

Please fax the completed form to (630) 221-2312 or mail to the Illinois State Disbursement Unit at the address noted above.

If you would like to receive notifications from the State Disbursement Unit that there has been a disbursement on your child support case listed above, please complete the requested information below.

Mobile phone number: _____ Email: _____
(Standard Text Messaging rates may apply) (Please print and write clearly)

Preference (Circle One): Text Message Email Message

If both mobile phone number and email address are provided but no preference is indicated the notification method will default to email.