## 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:

 $\label{eq:Payment Amount: Payment Amount: Payment Amount: (Enter check or money order number from$ 

payment submitted with this coupon.)

Mail Payments to: Pennsylvania SCDU

P.O. Box 69110

Harrisburg, PA 17106-9110