

Remittance Coupon

Name: _____

For the month of _____

Make checks payable to: **Ohio Child Support Payment Central**

Mail to: **Ohio Child Support Payment Central, P.O. Box 182372, Columbus, Ohio 43218-2372**

Name	SETS Case Number	Order Number	SSN	Payment Amount

Total Amounts \$ _____

____ Change of address:

New Address: _____

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