



Instructions on Filling Out a Money Order
Department of Social Services
Office of Child Support Enforcement

MONEY ORDER

58389604963093962473

PAY THE SUM OF: _____

DATE: _____

\$ _____

**PAY TO THE
ORDER OF**

1

NYS Child Support Processing Center

2

YOUR CASE NUMBER

P. _____

3

YOUR ADDRESS

4

YOUR SIGNATURE

1. **Pay to the Order of:** NYS CHILD SUPPORT PROCESSING CENTER
2. **Your Child Support case number / account number**
3. **Your home address**
4. **Your signature**