

**STATE OF FLORIDA DISBURSEMENT UNIT  
DIRECT DEPOSIT INFORMATION FORM**

Name \_\_\_\_\_

Case No. \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I have authorized State of Florida Disbursement Unit to automatically  
(Company Name)

Deposit my Child Support Payments at \_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(City, State)

Bank transit routing number:  
\_\_\_\_\_

To the account selected below:  
*ONLY one account can be selected for direct deposit of child support payments*

\*Checking account number \_\_\_\_\_  
**PLEASE ATTACH A VOIDED CHECK**

Savings account number \_\_\_\_\_

I understand that the full amount collected will be deposited. I also authorize the Bank to accept the deposit for my account and to make adjustments to my account that correct any error relating to the deposit.

This authorization will remain in effect until revoked by me in writing or canceled by the Bank and supercedes any existing instructions concerning my child support direct deposit. I also understand that I have the responsibility for discontinuing the deposits.

I agree that the Company will have no responsibility for personal checks written against my account, and that my account will be administered in accordance with the rules and regulations of the Bank.

Petitioner Signature \_\_\_\_\_

Please return form to the Child Support Depository or  
mail to: Clerk of Circuit Court  
Child Support Depository  
Post Office Box 25400  
Bradenton, FL 34206-5400