

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

Name _____

Case No. _____ SS# _____

Address _____ Phone _____

City _____ State _____ Zip _____

I have authorized STATE OF FLORIDA DISBURSEMENT UNIT to automatically Deposit my Child

Support payments at _____

(Bank Name, City, State)

Bank transit routing number:

| | | | | | | | | |

To the account selected below:

ONLY one account can be select 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 supersedes 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 _____ **Date** _____

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