

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

Name: _____

Case Number: _____ Daytime Phone : _____

Address: _____

City: _____ State: _____ Zip: _____

I have authorized the State of Florida Disbursement Unit to
automatically deposit my Child Support Payment 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: _____ **

****PLEASE ATTACH A LETTER FROM YOUR
BANK THAT INCLUDES YOUR ACCOUNT
NUMBER AND BANK ROUTING NUMBER!**

I understand that the full amount collected will be deposited. I also authorize the Bank to accept the deposit to my account and to make adjustments to my account which 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 State of Florida Disbursement Unit 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 mail form (*with* voided check or bank letter) to:
Seminole County Clerk's Office
P.O. Box 8099
Sanford, FL 32772-8099