

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

NAME:

CASE NO.:

SS #:

STREET:

CITY:

COUNTY:

STATE:

ZIP CODE:

I have authorized the **FLORIDA STATE 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 selected for direct deposit of child support payments

****Checking account number**

PLEASE ATTACH A VOIDED CHECK FOR THE CHECKING ACCOUNT

****Savings account number**

PLEASE SUBMIT A DIRECT DEPOSIT SLIP FILLED OUT BY THE BANK FOR THE SAVINGS ACCOUNT

Please note: We cannot accept Direct Deposit information for prepaid cards. Only a checking or savings account drawn on a bank will be accepted. A PHOTO ID MUST BE SUBMITTED WITH THIS REQUEST.

If your case is handled through the Department of Revenue, please contact them directly for direct deposit options.

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 corrects 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 with the rules and regulations of the bank.

Petitioner signature _____ Date _____

**PLEASE MAIL FORM TO:
Clerk of the Circuit Court, Hillsborough County
Central Governmental Depository
PO BOX 3450
Tampa, FL 33601-3450**