

Enter the **Case Number** and press **Add Case**. The following screen appears with the **Case Information** filled in at the bottom.

County	Case Number	Petitioner	Respondent	Pay Group	Medical Insurance	Amount
GADSDEN	201999DR001123CAXXMO	JANE DOE	JOHN DOE	Monthly	Yes	400.00

- Step 1:** Select the group or groups that you want to pay; i.e., weekly, monthly. This applies when making payments on more than one case.
- Step 2:** To enter same **Withholding Date** for all cases, enter here;
- Step 3:** Indicate **Medical Insurance** availability and fill in **Withholding Date** if different for each case.

The remaining information is automatically filled in. Check all information, if correct, click on **Process Payment**.

Step 1: (To select multiple groups, hold down while selecting your choices)

Step 2: To enter the same date for [dropdown] arrow: February 20 2005

Step 3: MEDICAL INSURANCE AVAILABILITY: For employees or self-employed, is family medical insurance available to employee's? For parents: Date you submit payment. **FUNDS ARE WITHDRAWN IMMEDIATELY.**

Pay Checked Cases	Petitioner	Respondent	Case Number	Pay Group	Medical Insurance	Withholding Date	Amount
<input checked="" type="checkbox"/>	JANE DOE	JOHN DOE	201999DR00111CAXXMO	Monthly	Yes	February 20 2005	\$400.00

- The next screen is the **Confirm Information** page. Please ensure that all credit card information is accurate. If corrections are necessary, click the **Revise Information** arrow and make corrections. Once all information is accurate, click the **Process Payment** arrow.

County	Case Number	Petitioner	Respondent	Amount
GADSDEN	201999DR001123CAXXMO	JANE DOE	JOHN DOE	\$200.00
TOTAL CASE PAYMENT:				\$200.00
SERVICE FEE:				\$6.40
GRAND TOTAL:				\$206.40

Credit Card Information:
 Card Name: JOHN DOE
 Card Number: *****1111
 Card Type: Visa
 Expires: 10/2007

- The final screen will be the **Receipt** for the transaction. **You will receive a copy of the receipt at the email address that was provided in Step 5a.** Print this receipt to keep in your records.

PLEASE PRINT & Save this page for your records.

Your payment has been successfully sent.
 Please allow 2 business days (if paid before 3:00pm EDT/EST) to process credit card payments or 4 business days (if paid before 3:00pm EDT/EST) for electronic check payments.

PLEASE NOTE: Child Support Payments made online **MAY NOT BE CANCELLED OR REFUNDED** by MyFloridaCounty.com because payments are **AUTOMATICALLY** sent to the SDU for disbursement to recipients.

User: wmlies
 PAYMENT #: 212051
 DATE: 02-15-2005, 12:19 PM, EST

County	Case Number	Petitioner	Respondent	Amount
GADSDEN	201999DR001123CAXXMO	JANE DOE	JOHN DOE	\$600.00
TOTAL CASE PAYMENT:				\$600.00
SERVICE FEE:				\$19.20
GRAND TOTAL:				\$619.20

Credit Card Information:
 Card Name: JOHN DOE
 Card Number: *****1111
 Card Type: Visa
 Expires: 10/2007

CONGRATULATIONS!
YOU HAVE JUST SET UP YOUR MOST IMPORTANT PAYMENT ACCOUNT.

If you have questions or if you do not receive a receipt, please contact **webmaster@myfloridacounty.com** or call **1.877.326.8689**.

PAYING CHILD SUPPORT ONLINE

Setting Up Your Child Support Payment Account



webmaster@MyFloridaCounty.com
 1-877-326-8689

INTERESTED IN SETTING UP A SAFE AND SECURE ACCOUNT?

When making your child support payment through MyFloridaCounty.com, you have two options. You can enter the case and credit card information each time that you make a payment or you can set up an account to store the information with MyFloridaCounty.com.

By setting up an account:

- You have the option to pay by e-check or credit card;
- You are free to process the payment at your convenience;
- You no longer have to add case information or credit card information each time. Your case and banking information reside in a safe and secure environment, only you have access to this information. The information is retrieved by supplying a user name and password that you have chosen;
- The system keeps track of the activities that have taken place on your account through MyFloridaCounty.com, providing you a detailed history of transactions. **Note: Only payments processed in your MyFloridaCounty.com payment account are captured in this payment history.**



WARNING: Making a support payment using this service will deduct money from your account IMMEDIATELY!

1. Go to www.myfloridacounty.com.

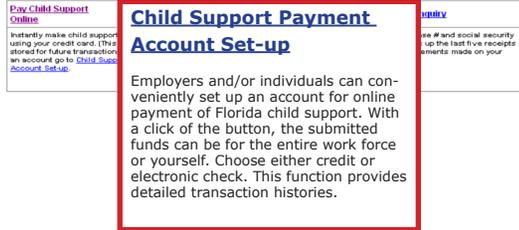
2. Click on **Pay Child Support & View Payment History**.



ONLINE SERVICES

- ▼ Pay Traffic Citation
- ▼ Pay Child Support & View Payment History
- ▼ Order Official Records
- ▼ Become a Subscriber
- ▼ Subscriber Info

3. Click on **Child Support Payment Account Set-up**.



4. You are prompted to supply a **Username** and a **Password**. As you do not yet have a **Username** and **Password**, click on **NOT REGISTERED? SIGN UP TODAY!**

MEMBER SIGN IN :
Please enter your Username and Password below.

Username:

Password:

[Continue](#)

NOT REGISTERED? SIGN UP TODAY!

5. On the **PAYMENT ACCOUNT REGISTRATION** screen, you can view the **Terms, Conditions and Fees** of each **Payment Type: Credit Card** (American Express, MasterCard, VISA or Discover), **Debit Cards payments** (with either the Visa or MasterCard logo) or **Electronic Check** (direct debit from bank account immediately.) **Credit** and **Debit** payments made before 3:30 pm e.s.t. are submitted to the SDU within **2 business days**. **Electronic checks** are submitted within **4 business days**.

- Enter the **Account Information** from the account you will use to process the support payments.
- In the **Username** section, you will supply the **Username** and **Password**. Make this **Username** and **Password** terms that are easy for YOU to remember. Please **DO NOT** share this information with anyone.
- The next section prompts you to select the payment type, **Electronic Check** or **Credit Card**. Select one method only, by clicking the circle next to your choice. Input the account information and click **Continue**.

5a Last Name:
First Name:
Company Name: (Optional)
Address1:
Address2:
City:
State:
Zip:
Phone Number: () ext.
Email Address:
Verify Email Address:

5b Username: Username must contain at least 4 characters.
Password: Password must contain at least 6 characters.
Verify Password:

Please select the payment method you prefer.

Electronic Check (Direct debit from your bank account)

Memo:
Routing/Transit Number: Account Number:
Account Name:
Routing Number:
Account Number:

Credit Card:

Enter Name as it appears on Card:
Card Number: (No Dashes)
Card Type:
Expires: MONTH YEAR

5c There is a service fee of \$5.00 per group payment.

There is a nonrefundable transaction fee. This fee is charged by the financial service provider. The description on your billing statement will be: 'MyFloridaCounty.com.'

6. Select the **Pay Group** by choosing the correct option from the drop down box. **Pay Group** is defined as how often payments are submitted. Next indicate medical support if the noncustodial parent has family **Medical Insurance** coverage, otherwise select "No." Please indicate the **Amount** of support to be paid. From the drop down box choose the **County** name where the case is filed, Finally, you have two options to enter the **Case Number**:

99.99
OF USERS
USE THE
DEPOSITORY
NUMBER

a. **Depository Number:** i.e., 04-142-DR;

b. **Uniform Case Number:** i.e.,

121989DR000010CAXXJC