

**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:**

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**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's signature \_\_\_\_\_ Date \_\_\_\_\_

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