

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

Name _____

Case No. _____ SS # _____

Address _____

City _____ County _____ State _____

I have authorized _____ to automatically
(Company Name)

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

Savings account number _____

I understand that the full amount collected will be deposited. I also understand 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 _____

Daytime Phone Number _____

RETURN TO: PAM CHILDERS, CLERK OF COURT, DOMESTIC RELATIONS DIVISION
1800 ST MARY AVENUE, PENSACOLA, FLORIDA 32501