

**STATE OF FLORIDA
DIRECT DEPOSIT INFORMATION**

**DISBURSEMENT UNIT
FORM**

NAME: _____ DAYTIME PHONE: _____

CASE NO. _____ SS#: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

I have authorized _____, to automatically
(Company Name)

deposit my child support payments at _____
(Name of Bank)

(City) (State)

Bank transit routing number: ____/____/____/____/____/____/____/____/____

To the account selected below:
Only one account can be selected, and please attach a voided check if you select your checking account.

_____ Checking account number: _____
(PLEASE ATTACH A VOIDED CHECK)

_____ Savings account number: _____

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 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 person 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:** _____

**RETURN TO: ERNIE LEE MAGAHA, CLERK, DOMESTIC RELATIONS DIVISION
1800 ST. MARY AVENUE, PENSACOLA, FL 32501**