

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

Not available to cases involving Department of Revenue Child Support Enforcement

Name: _____ Case# _____

SS#: _____ Daytime Phone# _____

Address: _____

City: _____ State: _____

MARION COUNTY (where support order is being enforced)

I have authorized the State of Florida Disbursement Unit to automatically deposit my child support payments at:

Bank Name _____ City, State, Zip _____

Bank transit routing number: (verify with bank to avoid errors)

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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 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 cancelled by the bank and supersedes any existing instructions concerning my child support deposit. I also understand that I have the responsibility of 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 _____

PLEASE MAIL FORM TO:

MARION COUNTY CLERK OF COURT, ATTN: DOMESTIC SUPPORT
P.O. BOX 1030, OCALA, FL 34478