

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)

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 \_\_\_\_\_  
(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 SUPERCEDES 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