

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

NAME: _____

CASE NO: _____ SS # _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____

I have authorized **FL SDU** To automatically

Deposit my Child Support Payments at _____
(Bank Name) (City) (State)

Bank transit routing number:

--	--	--	--	--	--	--	--	--

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.

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 personal checks written against my account, and that my account will be administered with the rules and regulations of the bank.

Petitioner signature _____

PLEASE MAIL FORM TO:
Leon County Clerk and Comptroller
ATTN: Civil / Criminal Administration
301 S. Monroe Street, #100
Tallahassee, FL 32301