

**CLERK OF THE CIRCUIT COURT – VOLUSIA COUNTY  
AUTHORIZATION FOR DIRECT DEPOSIT OF CHILD SUPPORT PAYMENTS**

(Please print or type the following information)

Your Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First M.I.

Child Support Case #: \_\_\_\_\_

Daytime Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ e mail address \_\_\_\_\_

**Attach one of the following:**

\_\_\_\_\_ **VOIDED CHECK (must be pre-printed with payee's name and address)**

\_\_\_\_\_ **BANK LETTER (with name, routing number and account number)**

Bank Account #: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank ABA Routing #: \_\_\_\_\_

I authorize the Volusia County Clerk of Court or State Disbursement Unit (SDU) to deposit my child support or alimony payments to the account listed above. I also authorize the bank to accept the deposit for my account and to make adjustments to my account to correct any error relating to the deposit. This authorization will remain in effect until the Clerk of the Court receives written notice of cancellation. The written notice of cancellation should be made at least 30 days prior to cancellation or changing banks. The Clerk and the bank may cancel this agreement upon 10 days notice. If funds are mistakenly deposited into my account, I authorize the SDU or the Clerk of Court to deduct the amount from future payments designated for my account. All entries initiated hereunder are to be governed in all respects by the rules of the Automated Clearinghouse in Atlanta now or hereafter in effect.

**SIGN IN THE PRESENCE OF A NOTARY OR CLERK'S OFFICE DEPUTY CLERK:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is  
personally known to me or has produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

Witness my hand in Volusia County,  
State of Florida, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

**LAURA E. ROTH  
CLERK OF THE CIRCUIT COURT**

Notary Public: \_\_\_\_\_

Signature: \_\_\_\_\_

Commission #: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk

Please return form to: Clerk of the Circuit Court  
P.O. Box 104, DeLand, FL 32721

Allow 7 to 10 business days for direct deposit to begin on your case.

CL-0706-1701