

## Payment Options

Please choose how you will receive your child support payments. Please mark your choice (pick only one) and mail this form to the address below.

**Direct Deposit to a Checking Account:** I authorize the deposit of my support payments directly into my checking account. You must **send a blank preprinted voided check (write "void" across the check)** with this form in order for direct deposit to be set-up. Payments will be deposited into the bank account number provided on the voided check.

**Direct Deposit to a Savings Account:** I authorize the deposit of my support payments directly into my savings account. You must return this form with **a letter from your bank that includes your savings account number and bank routing number.**

I understand my banking information will be kept confidential. If funds are mistakenly deposited into my account, I understand that the deposit can be reversed.

<input type="checkbox"/> All future payments on this case will be sent to the account you selected. <input type="checkbox"/> A new form must be completed and submitted, if you need to change how you receive your payments. <input type="checkbox"/> Your mailing address will be updated with the mailing address provided below.
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Fill in this form, sign it, date it and return it to:

Clerk of the Circuit Court  
 CHILD SUPPORT DIVISION  
 P.O. Box 511544  
 Punta Gorda, FL 33951-1544

**CERTIFICATION AND ENROLLMENT INFORMATION - ALL INFORMATION MUST BE PROVIDED**

(Choose one)     New enrollment         Change in payment option

I certify that I am entitled to support payments for the case listed below.

Your Name:		Date of Birth:
Last 4 numbers of your Social Security Number: XXX-XX-_____		Daytime Phone (include area code):
Current Mailing Address:		
Case Number (A separate form must be completed for each case.):		County where case is filed:
Signature:		Date:

**Remember to include a voided check (checking account) *or* a letter from your bank (savings account).**