

TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

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STATE OF FLORIDA DISBURSEMENT UNIT DIRECT DEPOSIT INFORMATION FORM

Name:	Date:				
	Social Security Number:				
Address:					
City:	County:	State:	Zip Code:		
Phone Number:	Alternate Pl	none Number:			
I have authorized the Centra	l Governmental Deposi	itory/SDU to automatic	ally deposit my ch	ild support	
payments at					
(BAI	(BANK NAME)		(CITY, STATE)		
Bank transit routing number	· · · · · · · · · · · · · · · · · · ·	(0.	11, 211112)		
To the account selected belo	ow:				
(ONLY one (1) account can		eposit of child suppor	t payments.)		
☐ Checking account number			1		
(PLEASE ATTACH A PRE-PR	INTED VOIDED CHECK	OR LETTER ON LETT	ERHEAD FROM BA	ACK WITH	
	ACCOUNT AND RO				
☐ Savings account number					
(MUST HAVE A LETTER ON			AND ROUTING NI	JMBERS)	
I understand that the full	amount collected will	be deposited into the	above selected a	ccount. I	
authorize the bank to accept					
corrects any error relating t	-	.	, J		
This authorization will rem	ain in effect until revo	ked by me in writing	or cancelled by th	ie bank. I	
understand that I have the	e responsibility for dis	scontinuing the depos	its. I confirm th	ıat I have	
provided an ORIGINAL pr	e-printed voided check	k or a letter on letterh	ead from my banl	k to verify	
and confirm my identity for	my protection.				
I agree that the Clay County		•	-	-	
personal checks written aga	inst my account, and th	nat my account will be	administered in a	ccordance	
with the rules and regulatio	ns of the bank.				
PETITIONER SIGNATUR	E				
Sworn to or affirmed and sub	scribed before me on	day of		, 20	
By					
		Notary Public State	of Florida		
Personally known		(SEA)	L)		
Produced identificati					
Type of identificatio	n produced				