

IN THE CIRCUIT COURT, FOURTH JUDICIAL CIRCUIT, IN AND FOR DUVAL COUNTY, FLORIDA

\_\_\_\_\_  
Petitioner,  
Vs.

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Respondent,

AGREEMENT FOR CREDIT FOR DIRECT PAYMENTS

I, \_\_\_\_\_, Payee, (person receiving payments,) hereby agree and request the Duval County Clerk of Court, Central Governmental Depository, to credit the account of \_\_\_\_\_, Payor, (person making payments) in the amount of: \$\_\_\_\_\_ - Child support \$\_\_\_\_\_ - alimony for payments or services provided directly to me. I understand this agreement will be made part of the Court file. This credit is given because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Your court order states that support payments are to be paid through the Central Governmental Depository. A payment made directly to the custodial parent (petitioner) by the non-custodial parent (respondent) may be considered a gift.

There are some circumstances when a direct payment is necessary. Therefore, your signature below will verify that you have read and fully understand this **Agreement for Credit for Direct Payments** form.

This form should only be used in an emergency. It **does not** give authorization to continue accepting direct payments. **The Depository will accept only ONE CREDIT per case for direct payment. Your cooperation is requested in not asking for an exception to this policy.**

**Warning:** Failure to pay through the court as directed in your court order can result in a Notice of Delinquency being issue by the Depository.

**SIGNATURE MUST BE NOTARIZED OR SIGNED BY DEPUTY CLERK – SEE PAGE TWO**

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Print Payee Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**TO BE COMPLETED BY NOTARY OR DEPUTY CLERK:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is/are personally known  
to me or has/have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Notary Seal:

\_\_\_\_\_  
Notary name typed or printed

**OR**

**RONNIE FUSSELL  
CLERK OF THE CIRCUIT COURT**

By: \_\_\_\_\_

Deputy Clerk

\_\_\_\_\_  
Signature of Payor

\_\_\_\_\_  
Print Payor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**TO BE COMPLETED BY NOTARY OR DEPUTY CLERK:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is/are personally known  
to me or has/have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Notary Seal:

\_\_\_\_\_  
Notary name typed or printed

**OR**

**RONNIE FUSSELL  
CLERK OF THE CIRCUIT COURT**

By: \_\_\_\_\_

Deputy Clerk