



**RONNIE FUSSELL**  
Duval County Clerk of the Circuit Court  
Domestic Relations Depository  
Electronic Funds Transfer Program

501 West Adams Street  
Jacksonville, FL 32202  
Fax: 904-255-2392

**Electronic Funds Transfer Program Authorization Form**

Please complete this form and mail it to the above address if you wish your child support payments to be deposited automatically to your bank. Please print.

Your Name: \_\_\_\_\_

Your SSN: \_\_\_\_\_ Case No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Name of person who pays child support to you: \_\_\_\_\_

You may have payments deposited to either (Check One): Checking Account: Savings Account:

Please select one: New Request Modifying Request Request to cancel Direct Deposit

**Please attach a voided check (not a temporary check) or letter from bank with an account number and routing number.**

**Obligees that receive support through the State of Florida Department of Revenue are not eligible for this program through the Clerk's Office. Please contact the Department of Revenue or the Florida State Disbursement Unit for further information.**

Deposits will not begin for at least ten days after this authorization form is received. Each deposit will be available in your bank account approximately three days after the payment is released by the Depository. Please keep a copy of this form for your records.

I authorize the Duval County Domestic Relations Depository to initiate deposits and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account in the bank named above, and I authorize the bank to perform these transactions.

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

This authorization will remain in effect until I send my written cancellation notice to the Duval County Domestic Relations Depository. In no case can my cancellation be effective with respect to entries processed by the Depository prior to the receipt of my notification.