## Choose Direct Deposit NOW! We Can No Longer Send Paper Checks Payment Options

Please choose how you will receive your child support payments. Plea one) and mail this form to the address below.	se mark your choice (pick only
☐ Direct Deposit to a Checking Account: I authorize the deposit my checking account. You must send a blank preprinted voice check) with this form in order for direct deposit to be setup. Paraccount number provided on the voided check.	led check (write "void" across the
☐ Direct Deposit to a Savings Account: I authorize the deposit savings account. You must return this form with a letter from y account number and bank routing number.	, ,, , , , , , , , , , , , , , , , , , ,
I understand my banking information will be kept confidential. If funds account, I understand that the deposit can be reversed.	are mistakenly deposited into my
<ul> <li>All future payments on this case will be sent to the account you</li> <li>A new form must be completed and submitted, if you need to c payments.</li> <li>Your mailing address will be updated with the mailing address</li> </ul>	hange how you receive your
Fill in this form, sign it, date it, and return it to:	
Orange County Clerk of Courts Attn: Family/Child Support Division 425 N. Orange Ave. Orlando, Fl 32801	
CERTIFICATION AND ENROLLMENT INFORMATION – ALL INFOR	MATION 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:

☐ Information Change

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