



Child Support Enforcement A New Way to Receive Your Child Support

You must choose to receive your support payments as a direct deposit to your checking or savings account or on a Florida Debit MasterCard card. We will use the payment method you choose for all payments we send you.

What is Direct Deposit?

As the custodial parent, you authorize the Department of Revenue to deposit your support payments directly into your bank account (checking or savings).

What is the Florida Debit MasterCard?

The Florida Debit MasterCard is designed for the custodial parent who does not have a bank account. However, this option is available to all custodial parents whether you have a bank account or not. As the custodial parent, you authorize the Department of Revenue to credit your support payments to your Florida Debit MasterCard. You can withdraw cash and make purchases against the amount on your card.

Both methods give you immediate access to available funds. Both are convenient, easy to use, and safe.

Additional Benefits with the Florida Debit MasterCard

- A toll-free Customer Service number to answer questions
- Balance and account information 24 hours a day, 7 days a week
- Free balance inquiry and transaction history at www.EPPICard.com
- Account protection with your Personal Identification Number (PIN)
- Access to available funds when you travel

You can use the card to get cash and make purchases at thousands of locations; anywhere MasterCard® debit cards are accepted.

To Select a Payment Option

Fill in the other side of this form and return it to the address shown.



Child Support Enforcement Child Support Payment Options

You must choose how you 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 Department of Revenue to deposit my support payments directly into my checking account. I understand my banking information will be kept confidential. You must send a **preprinted voided check** with this form. We cannot set up direct deposit without one. Write "void" across one of your blank checks and return it with this form. We will send your support payments to the bank or financial institution on the voided check returned with this form. We will deposit your payments to the account number on the check.
- Direct Deposit to a Savings Account:** I authorize the Department of Revenue to deposit my support payments directly into my savings account. I understand my banking information will be kept confidential. You must return this form with a **letter from your bank that includes your account number and bank routing number.**
- Florida Debit MasterCard:** I authorize the Department of Revenue to credit my support payments to a Florida Debit MasterCard issued by Comerica Bank. The card will be sent to me by mail. My support payments will be held by the bank until I withdraw them using my Florida Debit MasterCard. I am at least 18 years of age.

- We will use your choice for all payments we send you.
- If you later want to change how you get your payments, send us a new form with your new choice. Once we get your new form, it takes 10 business days to make a change. You can get copies of this form at your local child support office, from our web site www.myflorida.com/dor/childsupport, or by calling 1-877-769-0251.
- We will update our records with the mailing address you give us below.

Fill in this form, sign it, date it and return it to: **State of Florida Disbursement Unit
P O Box 8510
Tallahassee, FL 32314**

CERTIFICATION AND ENROLLMENT INFORMATION – ALL INFORMATION BELOW MUST BE PROVIDED

(Choose one) New enrollment Change in payment choice

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

| | | |
|--|--|--|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth (MM/DD/YYYY) | Last 4 Digits of Social Security # | Daytime Phone |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> X <input type="text"/> X <input type="text"/> X <input type="text"/> X <input type="text"/> | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> |
| Mailing Address | | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Case # (If you have more than 1, only give one) | County for the case number given | |
| <input type="text"/> | <input type="text"/> | |
| Signature | Date (MM/DD/YYYY) | |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | |

Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to <http://dor.myflorida.com/dor/privacy.html>