		Ľ						Та		
			Check if this is a new address					Tape - Do Not Staple	Direct Depo Alimony/Ch Payments	
			new address			Таре				
Titusville, FL 32781-0219	Post Office Box 219	Brevard County Clerk of Court				Tape - Do Not Staple				
				Place First Class Postage Here				 Tape - Do Not Staple	Breva Clerk	

Direct Deposit of Alimony/Child Support Payments

> Brevard County Clerk of Courts

The Brevard County Clerk of Court is pleased to offer direct deposit of Child Support/Alimony payments. This service is currently available and eliminates:

- * Delays caused by the Postal Service
- * Lost/Stolen Checks
- * Inconvenience of going to the bank

Advantages to you include:

- * Automatic deposits while you are on vacation, traveling on business, or in the event you are ill
- * Funds MAY be available sooner than a mailed payment

If you elect to use this service, please complete and return the authorization form along with a voided check (for a checking account) or a voided deposit slip (for a savings account).

Direct deposit will begin the following business day after the Clerk's system has been updated. Any payments received between the receipt of your authorization form and start of the direct deposit will be mailed to you.

Should you have any questions about this service, please contact the Support Department at (321) 637-5413 extension 49387.

Automatic Credit Authorization Form (Please Print)

Case Number:								
Name:								
Social Security #:								
Address:								
City, St, Zip:								
Phone Number: Home <u>()</u> Work <u>()</u>								
Bank Name:								
Branch Name:								
Check one: Checking Savings								

Bank Routing Number

Bank Account Number

I authorize the Brevard County Clerk of the Circuit Court to initiate credit entries to this account, and if necessary, to debit entries and adjustments for any credit/debit entries made in error. The Clerk may make credits until I cancel the authorization in writing and the Clerk has time to act on it. The Clerk shall not be liable for any loss sustained as a result of any incorrect debit or credit except to the extent of the amount of the error.

Signature:

Date:

DEPOSIT SLIP (for savings account

OR

TAPE

VOIDED

CHECK (for checking account)