



**MARK ABZUG, PA**

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Dear Client:

The following documents are provided to assist you in receiving your Court Ordered child support and/or alimony when an income withholding order is entered directing the obligor's employer to withhold monies and send them to the Florida State Disbursement Unit:

1. **Memorandum To Depository**: This form must be completed, signed, and submitted to the following: Direct Deposit Coordinator, P.O. Box 14248, Fort Lauderdale, FL 33302. It can also be hand delivered to Broward County Child Support Depository, 540 S.E. 3<sup>rd</sup> Avenue, 2<sup>nd</sup> Floor, Room 2450, Fort Lauderdale, FL 33301. Please note that you are required to attach a copy of the support order and the income withholding order, if any.
2. **Direct Deposit of Child Support/Alimony Payments**: This form must be completed, signed, and submitted to the following: Direct Deposit Coordinator, P.O. Box 14248, Fort Lauderdale, FL 33302. It can also be hand delivered to Broward County Child Support Depository, 540 S.E. 3<sup>rd</sup> Avenue, 2<sup>nd</sup> Floor, Room 2450, Fort Lauderdale, FL 33301. This is in addition to the Memorandum To Depository. Please note that you must attach a copy of a voided check for your checking account in order to start the direct deposit into your checking account. Please note that it can take the Clerk as long as thirty (30) days for processing.
3. **Payment Records Request**: This form should be used if you need to obtain an accounting of payments received and/or disbursed from the Clerk's office. There are fees associated with obtaining these records. Please read form closely and follow its directions.
4. **Miscellaneous**: Should you have any questions about setting up direct deposit and/or receiving monies, please call the following telephone number: (954) 831-7309.

**IN THE CIRCUIT COURT FOR THE SEVENTEENTH JUDICIAL  
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA**

IN RE:

FAMILY DIVISION

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

\_\_\_\_\_  
PETITIONER

AND

\_\_\_\_\_  
RESPONDENT

\_\_\_\_\_

**MEMORANDUM TO DEPOSITORY**

The court has ordered the payment of child support and/or alimony to your office. Please make disbursement of this money to the proper obligee.

**OBLIGOR INFORMATION**

NAME: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SEX: M  F

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATTORNEY OF OBLIGOR: \_\_\_\_\_

**OBLIGEE INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN: \_\_\_\_\_

ATTORNEY FOR OBLIGEE: \_\_\_\_\_

CHILDREN:

NAME

DATE OF BIRTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER:

Please attach a copy of all orders of support.

DATE OF THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR OBLIGOR/OBLIGEE

**OR**

\_\_\_\_\_  
SIGNATURE OF OBLIGOR/OBLIGEE

**\*\*\* I acknowledge that by signing this form I understand that enforcement action will not be taken by the Support Depository on my child support case.**

IN THE CIRCUIT COURT FOR THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR BROWARD  
COUNTY, FLORIDA

**Direct Deposit of Child Support/Alimony Payments**

If you would like payments you receive from the Florida State Disbursement Unit "SDU" to be directly deposited to your financial institution, complete the Direct Deposit Authorization Application. Please return the form to the Direct Deposit Coordinator. **Please allow approximately thirty (30) days for processing new information or updating existing information. Any payments received between the receipt of your application and the start of the direct deposit will be mailed to you.**

**Terms and Conditions of Direct Deposit:**

In order to be eligible for direct deposit, your initial order date must be after 1/1/94, there must be an income deduction order (IDO) in place, the payments must be processed by The State Disbursement Unit and you must not be represented by the State of Florida, Department of Revenue, Child Support Enforcement.

To sign up for direct deposit, complete a Direct Deposit Authorization Application. Return the application with a voided check (checking account) or voided deposit slip (savings account) to the Direct Deposit Coordinator. Your application will not be processed without a pre-printed voided check or deposit slip.

If you change banks or close your account and wish to continue direct deposit to another financial institution/account, you must first cancel the authorization for direct deposit to your old financial institution/account. Please allow thirty (30) days for the processing of your request for cancellation. Any payments received within the thirty (30) day processing period may not be deposited into the original account. It is suggested that you not close the original account until the start of the new direct deposit. A new application will be necessary for the new financial institution/account.

If you change banks or close your account and do not wish to continue direct deposit, you must complete a Request to Discontinue Direct Deposit Form. Contact the Direct Deposit Coordinator for a copy of the Discontinuation form.

You will not be notified when a payment is posted to your account. In order to verify that payment was deposited, you may log on to MyFloridaCounty.com, call SDU at 1-877-769-0251, 954-762-3315 or contact your financial institution.

I have read and understand the terms and conditions of Direct Deposit. I agree to be bound by its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Keep a copy of these terms and conditions for your records. The original must be submitted with a voided check/deposit slip to: Direct Deposit Coordinator, PO Box 14248, Fort Lauderdale, FL 33302

**IN THE CIRCUIT COURT FOR THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR  
BROWARD COUNTY, FLORIDA  
State of Florida Disbursement Unit  
Direct Deposit Authorization Application**

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

Case No.: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

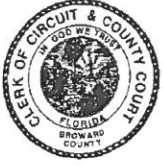
Branch Phone No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Account Type: \_\_\_\_\_ Routing No.: \_\_\_\_\_

I authorize the Clerk of Court Depository/Florida State Disbursement Unit ("SDU") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the above-listed account. The Depository/SDU may make deposits to this account until I cancel the authorization and said cancellation request has been processed. I understand that this authorization will remain in effect until the Depository/SDU receives written notification from me of its termination in such time and in such manner as to afford the Depository/SDU a reasonable opportunity to act on it or until cancelled by the Bank. This authorization supercedes any existing authorizations, either verbal or written, concerning my child support/alimony direct deposit. I understand that I have the ultimate responsibility for discontinuing the deposits. I agree that the Depository/SDU will have no responsibility for personal checks written against my account and that my account will be administered in accordance with the rules and regulations of the Bank. I further agree that the Depository/SDU shall not be held liable for any loss sustained as a result of any incorrect credit or debit if made pursuant to the terms and conditions of the Depository Direct Deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Brenda D. Forman – CLERK**  
**CIRCUIT COURT      COUNTY COURT**  
17<sup>th</sup> Judicial Circuit  
In and for Broward County  
Fort Lauderdale, FL 33301

Support Depository  
540 Southeast 3rd Avenue  
Fort Lauderdale, Florida 33301

## **PAYMENT RECORDS REQUEST**

Please complete this form when requesting copies of Support Depository payment records. Payment of fees by money order, payable to Clerk of Court, (\$1.00 per page for copies and \$2.00 for each certification of copies) must be paid prior to copies being mailed by the Clerk of Court, Support Depository. No personal checks or cash by mail are accepted for copy/certification fees.

You may reach our office by calling 954-831-7309 (option 5) for confirmation of fees.

Case Number: \_\_\_\_\_

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

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

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Number of copies requested

\_\_\_\_\_ Certification

\_\_\_\_\_ No Certification

\_\_\_\_\_ Total number of pages

\_\_\_\_\_ Total fees