



## Child Support Enforcement

# A New Way to Receive Your Child Support

You can now choose to receive your support payments in one of three ways - Direct Deposit, Florida Debit MasterCard® card, or by paper checks. 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.

### Benefits of Direct Deposit and the Florida Debit MasterCard®

- No waiting for checks to arrive in the mail
- No lost or stolen checks
- Access to available funds without having to pay check cashing fees
- Convenient, easy to use, and safer

### Additional Benefits with the Florida Debit MasterCard®

- A toll free Customer Service number to answer questions
- Balance and account information available 24 hours a day, 7 days a week
- Free balance inquiry and transaction history at [www.EPPICard.com](http://www.EPPICard.com)
- Your account is protected by your Personal Identification Number (PIN)
- Access to available funds when you travel
- Use the card at thousands of locations, anywhere MasterCard® debit cards are accepted
- Use the card to get cash and make purchases

### To Select a Payment Option

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

*The Florida Debit MasterCard is issued by Comerica® Bank, N.A. pursuant to a license from MasterCard® U.S.A. Inc.*



### Child Support Enforcement Child Support Payment Options

You can 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 named 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® card:** 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.
- Paper Check:** I do not want direct deposit or a Florida Debit MasterCard®. Please mail me paper checks.

- We will use your choice for all payments we send you.
- If you want your payments by paper check, you must choose the Paper Check option and fill in and sign this form.
- 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, or from our web site <http://dor.myflorida.com>, or by calling 1-877-769-0251.
- We will update our records with the mailing address you give us below. If we pay you by check, we must have your current mailing address.

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.

Your Name:		Date of Birth
Last four numbers of your Social Security Number: XXX-XX-_____		Daytime Phone (include area code):
Current Mailing Address:		
Case Number (if you have more than one case, give only one case number):		County for the Case Number given:
Signature:		Date: