Howard C. Forman – CLERK

CIRCUIT COURT COUNTY COURT
17TH Judicial Circuit
In and for Broward County
Fort Lauderdale, FL 33301

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

This is a check draft authorization request form that you requested. Please complete the form and return it to the above address. Allow ten (10) business days for this information to be entered on the Dial-a-Check (Automated Voice Response) system. Please note that all drafts returned NSF will not be re-deposited. Returned drafts will result in a reversal of the payment. Please inform the bank of your desire to participate in the check draft payment plan to ensure the appropriate arrangements are made. An NSF fee will also be charged to your account. Return drafts may subject you to removal from the program and cancel your use of personal checks to remit child support payments after a review of the reasons for the NSF. If your privilege is revoked, you will be notified in writing.

By completing the returning this form you will be able to make a check draft request by simply calling the Payment Line (954) 762-3315. You can elect, at the time of your call, to pay either your scheduled payment or an unscheduled payment amount. This service is provided free of charge for your convenience by the Child Support Depository.

Please complete the following and be sure to make a note of the PIN NUMBER that you have provided and keep it in a secure place. If you lose the PIN NUMBER you will have to re-apply by mail. Do not share this number with anyone as it is your security for making check draft withdrawal payments from your checking account. Please check with your bank to determine if there are any charges associated with this process.

1. Scheduled payment amount, if any $_____
2. Bank Route Number _____
3. Checking Account Number _____
4. Name of Financial Institution _____
5. Daytime Phone Number _____
6. PIN NUMBER (up to six digits) _____
7. Name _____
8. Address _____
9. Your Case Number _____
10. Your Original Signature _____

Please remember to update your account balance with your payments as you will not receive a hard copy of your check draft. It will, however, appear on your checking account statement as a check draft to the Clerk of Court.

********IMPORTANT******

A VOIDED CHECK MUST BE ATTACHED TO THIS APPLICATION.