



**LUIS G. MONTALDO, CLERK AD INTERIM**  
Circuit and County Courts  
Central Depository - Direct Deposit Enrollment

**CUSTODIAL PARENT ACCOUNT INFORMATION**

PLEASE CHOOSE ONE:  NEW ENROLLMENT  CHANGE IN PAYMENT OPTION  CHANGE OF NAME OR ADDRESS

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Central Depository Case Number: \_\_\_\_\_ County where case is filed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Central Depository to initiate automatic deposits to the financial institution named below. I also authorize Central Depository to make withdrawals from this account in the event that a credit entry is made in error. I agree not to hold Central Depository responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, or by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account. I also acknowledge that this agreement will remain in effect until Central Depository receives a written notice of cancellation from me, my financial institution, or until I submit a new direct deposit form to Central Depository. I recognize that this request will cancel any other direct deposit agreements I have in place with Central Depository and understand that ten (10) days' notice, in writing, is required if I change financial institutions or account numbers. I also agree to report any change of name or address within ten (10) days' of the change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

PLEASE CHOOSE ONE:  CHECKING ACCOUNT  SAVINGS ACCOUNT  OTHER

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**PLEASE READ THESE MAILING INSTRUCTIONS CAREFULLY**

Submit this form and supporting documents to this address: **Central Depository, 601 N.W. 1st Court, 16th Floor, Miami, FL 33136.**

**Identity Verification Documentation** – Submit a clear photocopy of your valid, unexpired government issued photo ID bearing your signature. If the address on your ID is not current, provide a document, such as a current utility bill, that will verify your address.

**Financial Verification Documentation** – AND submit EITHER a voided preprinted check (for the checking account option) OR a voided preprinted deposit slip (for the savings account option) OR a bank letter with your name, address, bank transit and account number (for either checking or savings) OR any above-mentioned document capable of validating information for the OTHER account option.

Central Depository, 601 NW 1st Court, 16th Floor, Miami, FL 33136-3409  
Telephone Number: (305) 275-1122 Fax Number: (786)469-3772  
Web Address: <https://www.miamidadeclerk.gov/clerk/child-support-alimony.page>