

DEPOSITORY ACCOUNT ELECTION FORM

DATE: _____ **DEPOSITORY ACCOUNT NO.** _____

ACCOUNT NAME: _____

ADDRESS: _____

TEL. NO. _____ **FAX NO.** _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

I hereby elect to establish a Depository Account with the St. Johns County Clerk of the Circuit Court for the purpose of paying for various statutory services provided by your office.

Please establish a Depository Account for the above-named company/agency. Also, please find attached my deposit check in the amount of \$_____ to establish my account.

Signature of Depositor

Printed Name of Depositor

Title

Mail completed form to: St. Johns County Clerk of the Circuit Court
ATTN: Thalia Cunningham, Finance
Division 4010 Lewis Speedway
St. Augustine, FL 32084
Phone: (904) 819-3600 Ext 4347
Fax: (904) 819-3697

DEPOSITORY ACCOUNT AUTHORIZATION

DATE: _____

DEPOSITORY ACCOUNT NO. _____

ACCOUNT NAME: _____

_____ I (We) authorize the Office of the Clerk of the Circuit Court, St. Johns County, Florida to access our Depository Account for the creation of debits and credits pertaining to but not limited to recordings and copies, without further communication with our office or our representatives. I (We) fully understand any shortages will automatically be drawn from our account and any overages will be deposited into our account.

Or

_____ I (We) **do not** authorize the Office of the Clerk of the Circuit Court, St. Johns County, Florida to access our Depository Account for the creation of debits or credits pertaining to but not limited to recordings and copies without obtaining prior written consent from a local company representative. We understand the document(s) will be returned to our office for additional funds, or we may submit written approval to access depository funds if a shortage exists. In the event of an overage the document will be processed with any overage of more than \$10.00 being refunded to me in accordance with FS. 28.244.

Authorized Signature

Printed Name

Title

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