LEON COUNTY CLERK OF COURT
ELECTRONIC PAYMENT AUTHORIZATION

Please complete this form and return to:
Leon County Clerk of Court
Finance Department
301 S. Monroe, Room 222
Tallahassee, FL 32301 (850) 577-4020

PAYEE

Payee Name _____

Address _____

_____

Payee ID Number
Federal Employer Identification No. OR Social Security No.
_____ - _____ _____-_____ - _____

Contact Information:

Name _____

Phone No. _____

Fax No. _____

E-Mail Address: _____

These payment instructions are authorized, and the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form are accepted by:

Signature: _____

Date: _____

Printed Name: _____

Title: _____

YOUR FINANCIAL INSTITUTION

Bank Name _____

Address _____

_____

Bank Phone No. (_____) _____ - _____

EFT Bank Account Information
Please provide the information listed below and send a voided check or deposit slip

Your Account Number - Start at left, leave unused spaces blank

Transit Routing Number of Your Financial Institution

Account Type: Checking _____ Savings _____

Account Name _____

Is this request a change of account information? Yes _____ No _____

Payments will be made under this authorization using the Corporate Trade Exchange (CTX) format with addenda records. The addenda records give remittance information about the payment. You must make arrangements with your bank to receive this information.

A deposit slip or voided check from your account including your account information **must** be attached. **ORIGINALS** of this form and the deposit slip or voided check must be returned to the address above. **FAXES WILL NOT BE ACCEPTED**.