



Collier Clerk of Courts

Automated Clearing House (ACH) / Electronic Funds Transfer (EFT)

Authorization Form

I have established a Deposit Account with the Collier Clerk of the Circuit Court (CLERK) and have agreed to abide by the Clerk's procedures and the provisions of the Deposit Account Agreement, and I would like to use the on-line access to my Deposit Account as it is available on the CLERK's website to initiate Electronic Funds Transfers from my checking/savings account into my Deposit Account,

THEREFORE, I hereby authorize the CLERK to generate ACH/EFT transactions as required to fulfill my requests as indicated by my use of the Clerk's Deposit Account system to withdraw funds from the checking/savings account indicated below and deposit such funds in my Deposit Account(s); and, if necessary, to make adjustments to correct for errors.

This authority shall remain in effect until an authorized company representative provides written notice to the CLERK of cancellation, and until the CLERK has sufficient time to receive and process my request.

United States Bank/Financial Institution Information:

Bank Name: _____

Branch: _____

City / St / Zip: _____

Type of Account (select one)

<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Routing Number (9 digits):

Account Number (4 - 17 digits):

Routing & Account Numbers appear on the bottom of your checks. Include all zeros. DO NOT include check number. Confirm with your bank/financial institution as needed to ensure accuracy.

Your Business Information:

Business Name: _____

City / State / Zip: _____

Phone: _____

Your Name: _____

Your Title: _____

I / We have applied for a new Clerk's Deposit Account and authorize the CLERK to use that account number when it becomes available.

My / Our existing Clerk's Deposit Account Number is: _____

I attest that I have the authority to enter into this agreement and that I have signature authority for the bank account indicated above.

Signature: _____

Date: _____

DO NOT EMAIL THIS FORM - Return completed ORIGINAL forms by mail or in person to:
Collier Clerk of Courts, Accounting Department, 3315 Tamiami Trail East - Suite 102, Naples, FL 34112-5324