



**MARION COUNTY CLERK OF THE CIRCUIT COURT
OFFICIAL RECORDS DEPARTMENT
AUTOMATIC ACH DEBIT AUTHORIZATION AGREEMENT**

Corporation/Organization Name	
Corporation/Organization Address	
Federal Tax I.D. Number	
Official Records Agent Number	

I (we) hereby authorize the Marion County Clerk of the Circuit Court's Office, for the collection of Official Records fees and services, to initiate debit entries to include an initial pre-note entry in the amount of \$.01, and if necessary, credit entries and adjustments for any debit entries made in error, to the account and financial institution named below, and to debit and/or credit the same to such account. I (we) have also specified the daily dollar maximum limit that we are imposing on the Clerk of the Circuit Court's Official Records Department.

This authority is to remain in full force and effect until the Clerk of the Circuit Court has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Clerk of the Circuit Court and the financial institution named below a reasonable opportunity to act on the request.

Financial Institution			
Branch			
City			
State			
Zip Code			
Transit/ABA No. <i>(must be 9 characters)</i>			
Account No. <i>(must be 17 characters)</i>			
Type of Account <i>(indicate one)</i>	Checking		Savings
Daily Dollar Maximum Limit			
Contact Person			
Contact Person Email Address			
Contact Person Telephone No.			

I have read and understand the Automatic ACH Debit Instructions (dated 9/28/2006) and as a participant in the program agree to abide by said instructions.

Name (typed)*	
Signature*	
Date Signed	
Name (typed)*	
Signature*	
Date Signed	

*If your account requires dual signatures, two signatures must be provided.

Please return completed agreement to:

**Clerk of the Circuit Court
Attn: Official Records
P. O. Box 1030
Ocala, FL 34478-1030
352-671-5630**