

**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: Jodie Parks, Finance Division  
4010 Lewis Speedway  
St. Augustine, FL 32084  
Phone: (904) 819-3600 Ext 4347  
Fax: (904) 819-3627

# 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 \$5.00 being refunded to me in accordance with FS. 28.244.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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