

**MARTIN COUNTY CLERK OF THE CIRCUIT COURT
AUTHORIZATION AGREEMENT FOR PRE-ARRANGED CREDITS
DIRECT DEPOSIT OF SUPPORT CHECKS**

I hereby authorize the office of the Martin County Clerk of the Circuit Court, hereinafter called COMPANY, to initiate credit entries to by bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY NAME: _____ BRANCH: _____.

CITY: _____ STATE: _____ ZIP CODE: _____.

TRANSIT/ABA #: _____ ACCOUNT #: _____.

ACCOUNTY TYPE: CHECKING [] SAVINGS []

CHILD SUPPORT CASE NUMBER: _____.

DAYTIME PHONE NUMBER: (_____) _____.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination at such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____.

DATE: _____ SIGNED: _____.

Please attach a VOIDED CHECK from the account into which you would like your support deposited.