Rachel M. Sadoff, CFCC

CLERK OF THE CIRCUIT COURT & COMPTROLLER EIGHTEENTH JUDICIAL CIRCUIT BREVARD COUNTY, FLORIDA

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DEPARTMENT (321) 637-2006 FAX (321) 264-5246 WWW.BREVARDCLERK.US

## ACH/DEBIT PAYMENT REQUEST FORM

I hereby authorize the Brevard County Clerk of Courts Official Records Department to record the following documents and to utilize this firm's authorized ACH debit account for payment.

Signed by\_\_\_\_\_

Date Signed\_\_\_\_\_

Corporation/Organization Name\_\_\_\_\_

Official Records Agent Number\_\_\_\_\_

File Number/Name \_\_\_\_\_