I (we) hereby authorize Clerk of Court Support Acct , hereinafter called COMPANY, to initiate credit entries for _____ to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to credit the same to such account, I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of U.S. law. I (we) also authorize company to make corrections or reversing entries, if necessary.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address) (City/State) (Zip)

_____ _____ Type of Acct:
(Routing Number) (Account Number) _____ Checking
_____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____
(Print Individual Name) (Signature)

_____ _____
(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Disclosure of Exposure Limits