

**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
Tallahassee, FL 32399-0500**

**Authorization Agreement
For Automatic Payments**

I (We) hereby authorize the DEPARTMENT OF HIGHWAY SAFETY and MOTOR VEHICLES, hereinafter called COMPANY, to initiate debits to the bank indicated below, hereinafter called BANK, to debit with the amounts from my our checking ___/savings ___ account indicated below.

BANK:	ADDRESS:
OFFICE:	CITY:
ACCT. NUMBER:	STATE:

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it (subject to my right to stop payment) or until BANK has sent me (or either of us) ten (10) days written notice of BANK'S termination of this arrangement.

NAME:	I.D. NUMBER
DATE:	SIGNED:

TO: BANK

As provided above, your depositor has authorized us to initiate debits to and you to debit his account as specified. So that you may comply with this authorization, we agree that these arrangements shall be subject to the Automated Clearing House rules, as they may be in effect from time to time and we recognize your status as a participating bank.

company ID: SOF-DHSMV Company ID# 4596001784

Dept of Motor Vehicles & Highway Safety
Company Name

Charles Culp, Chief of Accounting
Authorized Signature/Title

TO BE COMPLETED BY BANK

TO: COMPANY

DATE: _____

As authorized on this form, we shall, as a Participating Bank and subject to the Automated Clearing House Rules as they may exist from time to time, accept debits to the checking /savings account indicated below. In addition to the Company ID Number shown on this form, such debits submitted must contain the following:

TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
F R A B A	

BANK NAME _____ OFFICER _____

OFFICE _____ TITLE _____