



Authorization to Pay Security

Case Number _____

I, _____ hereby authorize the Bureau of Motorist
Compliance to release my \$ _____ security deposit to _____.

This deposit was made in accordance with Section 324.051 and Section 324.061, Florida
Statutes, with respect to claims for injuries to person or property resulting from an automobile
crash on _____ in or near _____.

I further authorize and request that this payment be forwarded to _____
at _____.

(Signature of Depositor)

IN THE PRESENCE OF:

(Signature of Witness)

(Address)

(Signature of Witness)

(Address)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____
20____, by _____, who is personally known to me or
who has produced a _____ as identification and who did
(did not) take an oath.

(Signature)
Notary's Name _____
Notary Public, State of Florida

(Form must be completed in the presence of two witnesses or a Notary Public.)