

**Authority to Pay Security**

**Please submit this form to your local tax collector office or driver license service center.**

<http://www.flhsmv.gov/offices/>

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 Name  
Notary Public, State of Florida

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