

2900 Apalachee Parkway Tallahassee, Florida 32399-0500 www.flhsmv.gov

Authorization Agreement For Automatic Payments MIX Billing

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.

COMPANY NAME: I.D. Nu	Imber	
STREET ADDRESS:		
CITY, STATE ZIPCODE:		
DATE: SIGNED:	SIGNED:	
TO: BANK		
	bits to and you to debit his account as specified. So that you may comply with this to the Automated Clearing House rules, as they may be in effect from time to time	
Company ID: FL DHSMV Company ID# 1272818119		
Dept of Motor Vechicles & Highway Safety	Marilyn Tabanelli, Chief of Accounting	
Company Name	Authorized Signature/Title	
TO BE COMPLETED BY BANK		
TO: COMPANY	DATE:	
	subject to the Automated Clearing House Rules as they may exist from time to time, ad below. In addition to the Company ID Number shown on this form, such debits	
TRANSIT ROUTING NUMBER	ACCOUNT NUMBER	
FR ABA		
BANK NAME	_ OFFICER	
OFFICE		