



**ANGELA VICK**  
CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

Clerk of the County Court  
Recorder of Deeds  
Clerk and Accountant of the Board of County Commissioners  
Custodian of County Funds  
County Auditor

110 North Apopka Avenue  
Inverness, Florida 34450  
Telephone: (352) 341-6424  
[www.citrusclerk.org](http://www.citrusclerk.org)

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Dear Vendor,

Our office is in the process of streamlining our business procedures to exceed the expectations of customers and vendors. Returning this completed form authorizes the Clerk to send your payment directly to your banking institute.

**Please complete the authorization form.**

- Email Address - Is important to receive a voucher confirmation when a remit is processed.
- Voided Check – If you do not have a (voided) check to attach to the form, please include a letter from your bank confirming the routing and account number.
- Authorized signature

Once complete, please submit the form with voided check to the Accounts Payable department.

MAIL:        -or-        SCAN and EMAIL:

Citrus County Clerk of Court        [clerkap@citrusclerk.org](mailto:clerkap@citrusclerk.org)  
Attn: Clerk Accts Payable  
110 N Apopka Ave  
Inverness, FL 34450

We are confident that you will find direct deposit payments to be a service improvement tool that you will enjoy. If you have any questions regarding this process, please contact the Clerk's Office at (352) 341-6424.

Thank you,

Financial Services



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## Authorization Agreement for ACH Credits Enrollment Form – Citrus County Clerk Vendors

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Depository Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please attach a voided check to the bottom of this form. If you do not have one, include a letter from your bank confirming the routing and account number(s).

NAME OF DEPOSITOR STREET ADDRESS CITY, STATE		101
PAY TO THE ORDER OF: _____		_____ 19 _____
		\$ _____
		DOLLARS
NAME OF YOUR BANK Payable Through Another Bank		
For _____		
⑆021001082⑆	123 456 789⑆	0101
ROUTING NUMBER	ACCOUNT NUMBER	

I (We) hereby authorize the Citrus County Clerk of the Circuit Court to initiate credit entries and/or correction entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form, payment will be delayed until the funds are returned to the Clerk's bank account. I understand that any changes to the Financial Institution Information provided will require a new Enrollment Form to be submitted and that not doing so can result in delay of payment.

Authorized by: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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### ROUTING INSTRUCTIONS:

MAIL:

Citrus County Clerk of Courts  
Attn: Accts Payable  
110 N Apopka Ave  
Inverness, FL 34450

EMAIL:

[clerkap@citrusclerk.org](mailto:clerkap@citrusclerk.org)