



**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

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## ACH AUTOMATIC WITHHOLDING AUTHORIZATION FORM

This is my authorization for my bank, named below, to deduct the specified amount each month from my checking or savings account and pay to the Citrus County Clerk of the Circuit Court for court costs, fines, and/or fees until amount is paid in full. **Any changes to account information or early cancellations must be submitted in writing, with customer's signature, five (5) days before the scheduled transmittal.**

### Defendant

NAME: \_\_\_\_\_ CASE# \_\_\_\_\_

PAYMENT AMOUNT \$ \_\_\_\_\_ PAYMENT PLAN DUE DATE: \_\_\_\_\_

ACH MONTHLY DRAFT START DATE : 10<sup>TH</sup> \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 20<sup>TH</sup> \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CONTINUE ACH FOR RESTITUION\* AND/OR COST OF INCARCERATION: YES NO  
\* In accordance with Florida Statute 28.24(26)(a), the Clerk of the Circuit Court and Comptroller will be applying \$3.50 per payment for the receiving and disbursing of all restitution payments

### Payor

NAME(S) AS IT APPEARS ON YOUR BANK ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT TYPE (CHECK ONE): CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

ABA/ROUTING #: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

**PLEASE SIGN NAME(S) EXACTLY AS YOU DO ON YOUR CHECKS**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### IMPORTANT:

**PLEASE ATTACH A BLANK, VOIDED CHECK  
SO WE CAN CONFIRM THE ROUTING AND ACCOUNT NUMBERS**

ELECTRONIC FUND TRANSFERS CAN ONLY BE DONE WITH BANKS IN THE UNITED STATES  
IF FUNDS ARE NOT AVAILABLE ON THE TRANSFER DATE, THE CASE WILL BE TREATED AS IF AN NSF CHECK WAS RECEIVED. YOUR PAYMENT PLAN WILL DEFAULT AND THE ACH AUTOMATIC WITHHOLDING FEATURE WILL BE CANCELLED. THE AUTOMATIC PAYMENT CANNOT BE REINSTATED ONCE CANCELLED.