



Sarasota County

KAREN E. RUSHING
Clerk of the Circuit Court and County Comptroller

2000 Main Street, Sarasota, FL 34230-3079 • Phone: 941-861-7605 • Fax: 941-861-7453 • www.sarasotaclerk.com

Dear Customer:

Please find attached the Application and Authorization form to be used to set up a monthly billing account. The Office of the Clerk of Court provides this service as a convenience to our customers.

To initiate a monthly billing account, you must forward the completed application, signed by an agent with contractual authority to act on the behalf of your company, along with a check or money order for the initial deposit to the Office of the Clerk of the Court, Fiscal Office, P.O. Box 3079, Sarasota, Florida 34230.

If you have any questions or need additional information, you may contact the Fiscal Office at (941) 861-7795.

Sincerely,

Karen E. Rushing
Clerk of Circuit Court

Enc.



Sarasota County

KAREN E. RUSHING
Clerk of the Circuit Court and County Comptroller

2000 Main Street • P.O. Box 3079 • Sarasota, FL 34230-3079 • Phone: 941-861-7400 • www.sarasotaclerk.com


Copies/Fees Account Holder:

The Procedures for the monthly billing account are as follows:

1. Each individual account is identified by the firm/company name, not a specific account number.
2. When you want to charge your account, you simply need to inform the customer service representative your account name (as indicated above) and the transaction will be receipted into your account. Your account balance will be immediately reduced by the amount of the charge. The person receiving services will be asked to disclose their name, which will be reflected on the receipt and is intended to provide necessary information for reconciling your account.
3. No charge will be authorized unless there is a sufficient balance in the account to cover the charge.
4. Statements will be mailed by the 10th of every month. The statement will provide information on the account, such as payments received, charges made, and the balance in the account. It will be your responsibility to maintain a sufficient amount which would allow you to carry out your business.
5. You may increase your balance at any time. If you choose to do this by mail, please mail your payment to Clerk of Circuit Court, Attention: Public Access Department, P.O. Box 3079, Sarasota, Florida, 34230. If you choose to do this in person, please bring your check to the Public Access Department, Room 103.

If you have any questions or need additional information, please contact Raquel Bothast at 941-861-7795.

Sincerely,


Jeanette L. Phillips, CPA
Director of Fiscal Services



KAREN E. RUSHING
 Clerk of the Circuit Court
 and County Comptroller
 SARASOTA COUNTY

**APPLICATION AND AUTHORIZATION
 FOR RECEIPT DEPOSITOR (ESCROW) ACCOUNT**

NAME ON ACCOUNT: _____ DATE: _____

MAILING ADDRESS: _____

CONTACT NAME &
 PHONE NUMBER: _____

CONTACT EMAIL
 ADDRESS _____

Statements are sent via email. If you do not have access to email, check this box.

If company has several business addresses (locations) and if this account can only be used for this specific location, check this box:

PERSONS AUTHORIZED TO USE ACCOUNT:

NAME: _____	SIGNATURE: _____
NAME: _____	SIGNATURE: _____
NAME: _____	SIGNATURE: _____
NAME: _____	SIGNATURE: _____
NAME: _____	SIGNATURE: _____
NAME: _____	SIGNATURE: _____

I agree to make an initial deposit with the Office of the Clerk of the Circuit Court to open this receipt depositor account. I agree to remit additional funds as needed to maintain a sufficient amount in which to carry out business. I understand that the funds in this account may be used to cover the cost of copies, shortages in the fees required for recording an instrument, or any filing fees or other service charges incurred by my office. I understand I am responsible for notifying the Office of the Clerk of the Circuit Court of any change in persons authorized to use the account. I agree to notify the Office of the Clerk of the Circuit Court in writing if I choose to discontinue the account. I state that I have contractual authority to act as an agent on behalf of the principal company/corporation indicated on this account.

 Print Name of Account Holder

 Date

 Signature of Account Holder

 Date