

## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

### **Section I:**

We hereby authorize the Chief Financial Officer of Florida to initiate debit entries for interest due on certificates of deposit to our account indicated below.

\_\_\_\_\_  
Name of Participating Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Transit/ABA Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Account Number to be Debited

**(Note: If you choose to have the debit paid at a correspondent institution, leave this line blank and complete Section II.)**

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### **Section II:**

We further authorize, \_\_\_\_\_

\_\_\_\_\_  
Name of Correspondent Institution

\_\_\_\_\_  
Address of Correspondent Institution

\_\_\_\_\_  
Transit/ABA Number of Correspondent Institution

to pay the above described debit entries on our account \_\_\_\_\_.  
(Account # to be debited)

\*\*\*\*\*

This authority is to remain in full force and effect until such time as it is rescinded or altered in writing.

**Financial Institution:** \_\_\_\_\_

**By:** \_\_\_\_\_  
**Authorized Signature** **Title**

\_\_\_\_\_  
**Typed Name of Person Signing**

\_\_\_\_\_  
**Date**