

OFFICE OF CLERK OF CIRCUIT COURT

York County – Poquoson Circuit Court
PO Box 371
300 Ballard Street
Yorktown, VA 23690



(757) 890-3350 – Fax (757) 890-3364

Kristen N. Nelson, Clerk

COMPANY NAME

PREAUTHORIZED CREDIT AUTHORIZATION FORM

This Preauthorized Credit Authorization Form ("this Form") must be completed and returned to **York County-Poquoson Circuit Court Clerk's Office** before any preauthorized credits may occur.

Name (Print) _____

(Please mark one)

- I/We hereby authorize preauthorized credits.
- I/We currently have preauthorized credits, but want to change my/our financial institution and account information.

(Please mark one)

- I/We hereby authorize preauthorized credits to my/our **CHECKING** account.
Financial Institution: _____ ("the Financial Institution")
Routing Number: _____ *get from bank
Account Number: _____

Please attach a "Voided" check to this Form (NOT A DEPOSIT SLIP).

- I/We hereby authorize preauthorized credits to my/our **SAVINGS** account.
Financial Institution: _____ ("the Financial Institution")
Routing Number: _____ *get from bank
Account Number: _____

Please contact the Financial Institution to obtain the correct routing number.

I/We authorize Company to credit the Financial Institution and account number designated above. I/We also authorize Company to obtain information from the Financial Institution pertaining to this Form, and to debit my/our account if a payment is credited in error.

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U. S. law.

I/We recognize that if I/we fail to provide complete or accurate information on this Form, the processing of this Form may be delayed and/or my/our preauthorized credit may be erroneously transferred. In the event that funds are erroneously transferred due to my/our failure to provide complete or accurate information on this Form, I/we hereby hold Company harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by Company to correct such errors.

This authorization is to remain in full force and effect until Company has received written notification from me/us of its termination in such time and in such manner as to afford Company and the Financial Institution a reasonable opportunity to act on it.

(Print Name)

(Signature)

Defendant Name

Case Number