

# FLORIDA SECURED TRANSACTION REGISTRY

**ACH Debit Account Authorization Filing Cover Sheet  
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FLORIDAUCC, Inc. ACH Debit Account Number: \_\_\_\_\_  
(Issued by FLORIDAUCC, Inc. when your ACH Debit Account was established).

Account Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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