

# FLORIDA SECURED TRANSACTION REGISTRY

**ACH Debit Account Authorization Filing Cover Sheet**  
**For requests submitted via:**

## **MAIL SERVICE**

**Please provide all information requested below.**  
**Failure to provide any information will delay processing.**  
**Please MAIL your filing to:**

**FLORIDAUCC, Inc.**  
**PO Box 5588**  
**Tallahassee, FL 32314**

FLORIDAUCC, Inc. ACH Debit Account Number: \_\_\_\_\_  
(Issued by FLORIDAUCC, Inc. when your ACH Debit Account was established).

Type of Request: (circle one):      UCC Filing      Public Records Request

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

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

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

\_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_