

FLORIDA SECURED TRANSACTION REGISTRY

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

WALK-IN SERVICE

Please provide all information requested below.
Failure to provide any information will delay processing.
Please BRING your filing to FLORIDAUCC, Inc. at:

2670 Executive Center Circle West, Suite 100
Tallahassee, FL 32301

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: _____