



Angelina "Angel" Colonnese

CLERK OF THE CIRCUIT COURT AND COMPTROLLER OF MANATEE COUNTY

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APPLICATION AND AUTHORIZATION FOR DEPOSITORY ACCOUNT

NAME ON ACCOUNT _____ DATE _____

MAILING ADDRESS _____

CONTACT NAME &
PHONE NUMBER _____

CONTACT EMAIL _____

If company has several business addresses (locations) and if this account can only be used for this specific location, check this box.

PERSONS AUTHORIZED TO USE ACCOUNT:

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

I agree to make an initial deposit with the Office of the Clerk of Circuit Court to open this depository account. I agree to remit additional funds as needed to maintain a sufficient amount in which to carry out business. I understand that the funds in this account may be used to cover the cost of copies, shortages in the fees required for recording an instrument, or any filing fees or other service charges incurred by my office. I understand I am responsible for notifying the Office of the Clerk of Circuit Court of any change in persons authorized to use the account. I state that I have contractual authority to act as an agent on behalf of the principal company/corporation indicated on this account.

Print Name of Account Holder

Date

Signature of Account Holder

Date

