

AUTHORIZATION TO PAY SECURITY

CASE NUMBER \_\_\_\_\_

I, \_\_\_\_\_, hereby  
(Depositor)

authorize the Bureau of Financial Responsibility to release my \$\_\_\_\_\_ Security Deposit to  
\_\_\_\_\_.

This deposit was made in accordance  
with Section 324.051 and Section 324.061, Florida Statutes, with respect to claims for injuries to persons or  
property resulting from an automobile crash on \_\_\_\_\_ in or near

(Date)

\_\_\_\_\_  
(Place or Road)

I further authorize and request that this payment be forwarded to \_\_\_\_\_ at

\_\_\_\_\_  
(Signature of Depositor)

\_\_\_\_\_  
(Social Security or FEID Number)

IN THE PRESENCE OF:

1. \_\_\_\_\_  
Signature of Witness Address

2. \_\_\_\_\_  
Signature of Witness Address

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_.

20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced a  
\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Signature)

Notary's Name: \_\_\_\_\_

Notary Public, State of Florida

(Form must be completed in the presence of two witnesses or a Notary Public.)