

ESCROW ACCOUNTS

To Whom It May Concern:

The Clerk's Office offers the capability of charging services in the **Recording and Civil Court** areas to a **pre-established Escrow Account**. Also, if your monies are over/under, we can use the account to credit or debit the overage/shortage in lieu of returning your documents un-recorded. You may specify on the attached form a certain amount for any credit/debit.

To establish an Escrow Account a **minimum deposit of \$ 25.00** (or estimated monthly charges, whichever is higher) and submittal of the attached "Escrow Account Agreement" is required. The Clerk's Office is not authorized to extend credit and charges will not be allowed for more than the balance on the account. Please be sure your deposit is sufficient to cover the monthly charges.

Submit completed forms to:

For Official Record Recordings:

Hernando County Clerk's Office Attn: Recording Division, Room 161 20 North Main Street Brooksville, FL 34601

For Court Filings:

Hernando Count Clerk's Office Attn: Civil.Court Division – RM 245 20 North Main Street Brooksville, FL 34601

Upon receipt of the agreement and deposit, an Escrow Account will be set and we will notify you that you may begin using the account. In order for us to notify you about the account in a timely fashion, **PLEASE be sure to include your e-mail address on the agreement**.

Only the persons listed on the agreement will be permitted to charge to your account. You may change the authorized personnel at any time by contacting our office so that we may update our file.

Any account with no activity for one Fiscal Year (October thru September) will automatically be closed. Refunds will be issued for any balances of \$10.00 or greater.

Thank you for your cooperation. Please feel free to contact the Recording Division at (352) 540-6768 if you have any questions.

Sincerely,

Doug Chorvat, Jr. Clerk of Circuit Court



ESCROW ACCOUNT AGREEMENT

Please ✓ check applicable box(s) (and complete all info below / must also be signed): □ New (customer must submit a minimum deposit of \$25) ☐ Revised/Updated information □ Please close my account and issue a refund ☐ Please provide access for me to view my account via your website (ORB customers only) (Please type or print legibly) COMPANY NAME: _____ OWNER'S NAME: ADDRESS: CITY:_____STATE:___ZIP:____ PHONE: _____ FAX: _____ E-MAIL: I hereby authorize the following **employees and/or Branch Offices** to charge to our Escrow Account: **EMPLOYEE: BRANCH OFFICE:**

Flease V Check On	y one Escrow Account Option.
Escrow Account is fo	r: □ Court Filing Fees
Escrow Account is fo	r: □ (ORB) Official Record Recordings/copies
Please ✓ check all t	hat apply (applies to either type Escrow Account):
☐ Clerk is authorized to allowed per transaction	charge my account for shortages in fees. Maximum amount: \$
☐ Clerk is authorized to per transaction: \$	o credit my account for overages in fees. Maximum amount allowed
☐ Clerk is NOT authori documents/filings for	zed to credit my account for overages . Please return my correct fees .
,	Date: gnature of Owner or Authorized Agent) Please attach business card