



Justice Administrative Commission Application for Exemption of Direct Deposit/EFT Requirement

SUBMIT THIS FORM TO JAC AT:

Contracts@justiceadmin.org; or

Mail to 227 North Bronough St., Suite 2100, Tallahassee, FL 32301-1380

Request Date:

Attorney/Vendor Name:

Signature:

Bar ID: _____ **and Attorney Tax ID:** _____ **or Vendor Tax ID:** _____

Reason for Exemption:

I am providing services in a single case and do not intend to provide services in any other court appointed or indigent for costs cases. I understand that any exemption may be withdrawn if I provide services in multiple cases.

Other reason(s) for an exemption. Attach additional sheets if necessary.

For JAC Use Only

Approved **Denied**

_____ **Exemption Date**

Reviewed By: _____ **Date Reviewed:** _____

JAC Date Stamp