



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

SUBMIT THIS FORM TO JAC AT:

Contracts@justiceadmin.org; or

Mail to P.O. Box 1654, Tallahassee, FL 32302

Request Date:

Attorney/Vendor Name:

Signature:

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

Reason for Exemption:

I have submitted an application for Direct Deposit/EFT to the Department of Financial Services on or about _____ (Date). I understand I will receive a temporary exemption of up to 4 months to allow time for the Department of Financial Services to process my application.

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 I understand that any exemption may be withdrawn if I provide services in multiple cases.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**

_____ **Temporary Exemption Date**

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

JAC Date Stamp