



MartinClerk.com

CAROLYN TIMMANN
Clerk of the Circuit Court & Comptroller
Martin County • Florida
P. O. Box 9016 • Stuart, Florida 34995
(772) 288-5576

To: All Interested Parties
From: Carolyn Timmann, Clerk of the Circuit Court and Comptroller
Re: Escrow Account System.

In order to better serve the more frequent users of the services of the Clerk's Office, we are offering the use of our Escrow Account System to those frequent users desiring to avail themselves of same.

In essence, the Escrow Account System enables those who subscribe to it to draw against their individual balances when paying for services rendered by the Clerk's Office, rather than having to pay for each transaction by cash or check.

Subscribers are required to deposit a minimum of \$100.00 in order to establish an escrow account, and will in turn be provided with a receipt for each transaction showing the remaining balance available in the account as well as with a monthly statement listing transactions for the period.

If you are interested in establishing an escrow account, please complete and sign the attached Agreement and return, along with a check for \$100.00 or more, to the attention of Christina Hunter, Recording Department, at the following address:

Clerk of the Circuit Court & Comptroller P.O. Box 9016 Stuart, FL 34995	OR	Clerk of the Circuit Court & Comptroller 100 E. Ocean Blvd. Stuart, FL 34994
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If you have any questions pertaining to the Escrow Account System, please contact Christina Hunter at (772) 288-5555.

Sincerely,

Carolyn Timmann
Clerk of the Circuit Court & Comptroller
Martin County, Florida

ESCROW ACCOUNT AGREEMENT

This AGREEMENT, between CAROLYN TIMMANN, CLERK OF THE CIRCUIT COURT AND COMPTROLLER, MARTIN COUNTY, FLORIDA (CLERK), and _____ (SUBSCRIBER), hereby establishes an escrow account for the SUBSCRIBER pursuant to the following:

1. The SUBSCRIBER, upon establishing an escrow account in accordance with the requirements noted in the attached cover letter from the CLERK, shall provide the CLERK with a listing of those individuals authorized to charge for services, and shall keep the CLERK apprised of any changes to said listing.

No charges will be made against an escrow account without a properly authorized signature.

2. The SUBSCRIBER will be responsible for maintaining an adequate balance in the escrow account, subject to the following:
 - a. This agreement shall be terminated, and any remaining balance refunded, if the escrow account balance remains below \$20.00 for three (3) consecutive months.
 - b. Inasmuch as the CLERK is prohibited from extending credit to the private sector, the CLERK will not complete a transaction without the additional necessary funds in hand should there be insufficient funds available in the escrow account to complete the transaction.
3. This AGREEMENT can be revoked, without notice, by either party and if revoked, the CLERK shall refund any balance remaining in the escrow account to the SUBSCRIBER.

SUBSCRIBER

CAROLYN TIMMANN, CLERK

DATE

DATE

Firm Name and Address:	
Phone Number:	
FAX Number:	

ESCROW ACCOUNT AUTHORIZATIONS

SUBSCRIBER: _____

SUBSCRIBER SIGNATURE: _____

INDIVIDUALS AUTHORIZED TO CHARGE FOR SERVICES:

1. _____
NAME SIGNATURE

2. _____
NAME SIGNATURE

3. _____
NAME SIGNATURE

4. _____
NAME SIGNATURE

5. _____
NAME SIGNATURE

6. _____
NAME SIGNATURE