



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT COURT, \_\_\_\_\_, MISSOURI

### Request to Establish or Modify Debit Account

This form can be used to establish a new debit account with the court or to modify an existing account already established with the court. This form must be filed with the circuit clerk of the court in each county where you wish to establish or modify a debit account. The debit account **MUST** have funds prior to using the account.

Please select one:

- I would like to establish a new debit account with the court.
- I need to modify an existing debit account.

Account Owner:  Contact Person:  <input type="checkbox"/> Check here if this is a modification.	Court Debit Account Name (required for a modification)
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Minimum Account Balance:  <input type="checkbox"/> Check here if this is a modification.	Email a notification when balance falls below minimum account balance: <input type="checkbox"/> Yes <input type="checkbox"/> No  Email address to send notification to:  <input type="checkbox"/> Check here if this is a modification.
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#### Authorized Users for Debit Account

Name	Missouri Bar Number	For Modifications	
		Add ✓	Delete ✓
User # 1		<input type="checkbox"/>	<input type="checkbox"/>
User # 2		<input type="checkbox"/>	<input type="checkbox"/>
User # 3		<input type="checkbox"/>	<input type="checkbox"/>
User # 4		<input type="checkbox"/>	<input type="checkbox"/>
User # 5		<input type="checkbox"/>	<input type="checkbox"/>
User # 6		<input type="checkbox"/>	<input type="checkbox"/>
User # 7		<input type="checkbox"/>	<input type="checkbox"/>
User # 8		<input type="checkbox"/>	<input type="checkbox"/>
User # 9		<input type="checkbox"/>	<input type="checkbox"/>
User # 10		<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_