



COURT ACCOUNT AUTHORIZATION FORM

The attached filings should be paid with the following Court Account to pay the attached filings.

Court Account #: _____

Court Account Name: _____

Telephone Number: _____

Form 50 Agent Name: _____ Form 50 Agent # _____

By signing this form, I authorize the above referenced Court Account to be debited.

Form 50 Agent Signature: _____ (date)

Mailing Address: Justice of the Peace Court Administrative Office, 30A Parkway Circle, New Castle, DE 19720