

Your Firm Name
111 Any Street
Any City, State Zip

Bank Name
Bank Street
Bank City, State Zip

Date

TO: Bank

RE: Trust Account # _____

This is a letter to authorize (your bank name) to automatically notify the Florida Bar Staff Council at 650 Apalachee Parkway, Tallahassee, FL 32399 in the event that a bank draft drawn upon the above mentioned trust account is returned for non sufficient funds or otherwise dishonored, absent bank error.

Thank You,

Your Name