



**COLLECTION BUREAU**  
*Small Claims Action Department*



**REQUEST FOR SUIT AUTHORIZATION**

We feel that normal collection efforts have failed, and it is our recommendation that the account described below be referred for suit action through our Small Claims Action Department. With your authorization and completion of this Affidavit, we will proceed with suit action.

Client:

Guarantor:  
SCAD Acct #:  
Client Acct #:

Patient/Customer:  
Amount:  
Date:

**TO: Collection Bureau, Small Claims Action Department**  
**RE: Suit to be filed against the above named debtor (s).**

We hereby authorize **Collection Bureau, Small Claims Action Department**, as our agent, to proceed with filing suit on our behalf and in our name only, against the debtor (s) named above. When judgment is obtained for us against the name herein, you are hereby authorized to issue an execution and garnishment proceeding against said party to enforce collection of the judgment.

Yours Truly,

\_\_\_\_\_  
(signature of authorizing party)

**STATE OF FLORIDA**  
**COUNTY OF**

Personally appeared before, \_\_\_\_\_, who being duly sworn, states that he/she is  
(authorizing party for creditor)

\_\_\_\_\_ of \_\_\_\_\_, and that the annexed amount is just, due and  
(title) (creditor)

unpaid. That there is now due and owing there from \_\_\_\_\_, to the said Creditor  
(debtor)

the sum of \$\_\_\_\_\_ for an account (s) due, owing and unpaid, plus court cost, interest, reasonable

attorney/ collection fees where applicable by law. That such account is, within the knowledge of affiant,

just and true and lawful offsets, payments and credits have been allowed.

\_\_\_\_\_  
(authorizing party for creditor)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_



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1-800-666-9567  
DIVISION OF COLLECTION BUREAU OF FT. WALTON BEACH

