



Erin Brim Chief Deputy Jefa Adjuntar

The Clerk & Recorder's Office exists to support and educate our community through prioritizing trust, inclusion, accuracy, and continuous improvement.

## **Request and Authorization for Payment Processing Assistance**

I, (Agent's Printed Name), as the owner or as an authorized agent for,

("Named Company"), hereby request and authorize the staff of the

Adams County Clerk and Recorder's Office, Motor Vehicle Division (Clerk) to assist in the processing of payments made by the named company to the Adams County Clerk and Recorder's Office for the purpose of registration and titling of vehicles. The named company expressly requests and authorizes the Clerk's staff to complete the numerical and written amount due on company checks that will be provided.

In exchange for this service, the named company hereby agrees to the following:

- All submitted checks will be made payable to Adams County Clerk and Recorder;
- All submitted checks will be signed by an authorized agent;
- The named company will maintain a current list of current authorized agents with the Clerk;
- An updated request and authorization will be provided to the Clerk if the signor of this document separates from the named company;
- This request and authorization will remain valid until the named company cancels it in writing; and,
- The provision of this service may be canceled in writing by the Clerk at any time.

The named company also specifically agrees to indemnify and hold harmless Adams County, its officers, agents, and employees for, from, and against any all claims, suits, expenses, damages, or other liabilities, including reasonable attorney fees and court costs, arising out of damage or injury to person, entities, or property, caused or sustained by any person(s) as a result of the Clerk's performance or failure to perform the service detailed in this request and authorization.

Clerk's performance or failure					
Company Name					
By: Agent Printed Name		Position with the Company			
Signature			Date		
Subscribed and affirmed, or sw	orn to before me, in the State	of		, County of	
	, this	day of	, 20	, by	
		(Agent's Nar	(Agent's Name), who executed this form in my presence.		
	1	Notary Public Signature			
	1	Notary Public Printed Name			
Notary Seal	ľ	My Commission Expires			