

**INDIAN RIVER COUNTY  
SOLID WASTE DISPOSAL DISTRICT  
(772) 770-5112**

**CHECK WRITING APPLICATION**

\$500.00 Bond  
Required

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE (business)

\_\_\_\_\_  
CITY            STATE            ZIP

\_\_\_\_\_  
PHONE (home)

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
CITY            STATE            ZIP

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
Vehicle Tag Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Vehicle Tag Number

\_\_\_\_\_  
Exp. Date

**If additional space is needed, use other side of form**

**LIST NAMES OF DRIVERS (IF DIFFERENT THAN ABOVE)**

\_\_\_\_\_  
Please print

Copy of Fla. Drivers License attached.

\_\_\_\_\_  
Please Print

Copy of Fla. Drivers License attached

FULL NAME, ADDRESS AND PHONE NUMBER MUST BE ON EVERY CHECK  
**NO COUNTER CHECKS WILL BE ACCEPTED.**