

MONTHLY INTEREST REMITTANCE REPORT

Report Month: _____ Report Year: _____ Report Date: _____ County & Court Name: _____

Contact Name: _____ Phone: _____

Bank Account Number (last 4 digits only) _____

Average Monthly Balance \$ _____

Rate of Interest Applied _____ %

Interest Paid \$ _____

<Less> Service Charges or Fees \$ _____

NET INTEREST REMITTED \$ _____

Please make all checks payable to: **Georgia Superior Court Clerks' Cooperative Authority (GSCCCA)**

Please mail all checks and forms to: **GSCCCA Fines and Fees Division, P.O. Box 191627, Brookhaven, GA 31119**

CHECK NUMBER: _____ CHECK AMOUNTS: _____

Note: If your office has elected to have the net interest collected via ACH by GSCCCA, please submit this form electronically at www.courttrax.org.

Authorized Signature