

Recurring Credit/Debit Card Payment Authorization Form

I authorize the Clackamas Circuit Court to make recurring charges to my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until the Clackamas Circuit Court has received written notification from me, the cardholder to cancel it. Written notice must be received by the Court at least 14 days prior to the recurring charge date in order to cancel the next payment.

Debtor's Information:

Case Name: _____ Case/Account #: _____

Signature

Date

The court may add additional fees to your court case and/or sanction your driver's license if the monthly payment does not process because of insufficient funds or exceeding the credit limit.

Cardholder's Information: Please PRINT and provide ALL information.

Charge Amount: \$ _____ Monthly payment date: _____ day of each month

Visa MasterCard Exp Date: _____ Card Number: _____

Cardholder Name (as it appears on the card): _____

Cardholder Billing Address: _____
Street, Apartment #

City

State, Zip Code

Daytime Phone Number

Cardholder's Signature

Date

RETURN THIS FORM TO: Clackamas Circuit Court, 807 Main Street, Room 104, Oregon City, OR 97045

Questions? Please call 503-655-8453, option 2 for Accounting.

COURT USE ONLY:

Clerk: _____

Date Processed: _____

AVS Code:

Auth #: _____

Date of 1st recurring payment: _____

Note: _____