

Recurring Credit/Debit Card Payment Authorization Form

(Please fill out completely. Incomplete forms cannot be processed.)

I authorize the Multnomah 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 Multnomah Circuit Court has received written notification from me to cancel it. The Court must receive **in writing** within 14 days prior to your payment date, any changes (changes in cards, expiration dates, cancellation of this charge, etc.), to prevent any disruption of your payments. **Changes cannot be made over the phone.** If you have any questions, please call 503-988-6279, Option #4.

Debtor's Information:

Case Name: _____ Case/Account #: _____

Phone Number: _____ Email: _____

Signature _____ Date _____

****The Court may add additional fees to your court case and/or sanction your driver's license, or refer out for collections if the monthly payment doesn't process because of insufficient funds, or exceeding the credit limit.****

Please mark one: Visa MasterCard

Charge Amount: \$ _____ Frequency: Monthly, on either the
 7th,
 15th, or
 25th day of each month.

****Please note**, payment comes out at midnight East Coast Time - which is 9pm Pacific Coast Time the night before.**

Cardholder Name: _____

PLEASE PRINT NAME CLEARLY EXACTLY AS IT APPEARS ON YOUR CARD

Cardholder Billing Address: _____
PLEASE PRINT Street

City State Zip Code

Cardholder's Signature _____ Date _____

Card Number: _____ Expiration Date: _____

Please submit to: Multnomah County Courthouse, Attn: Collections Department, Rm. 103, P.O. Box 114, Portland, OR 97207.
Any questions filling out the form please call 503-988-3235, option #4.

FOR COURT USE ONLY:

Clerk: _____ Date Processed: _____

Auth #: _____ Date of 1st recurring payment: _____