



FIFTH JUDICIAL DISTRICT
COUNTY OF CLACKAMAS
807 MAIN STREET – ROOM 104
COUNTY COURTHOUSE, OREGON CITY, OREGON 97045

Court Administrator
655-8670

Accounting
655-8453, option 2

Collections
655-8453, option 1

Case Processing
655-8447

[]
[]
[]
[]

DATE:

Subject: Automatic Recurring Monthly Payments

The Clackamas Circuit Court is offering a free and easy way to make your monthly payment to the court using a Visa, MasterCard, or Discover debit or credit card. Our recurring payment plan eliminates a call to the court each month to make your payment. There is no cost to sign up and zero monthly transaction fee.

According to our records the court has received two or more monthly telephone payments on your case _____. We feel that this payment plan is an option that may work for you and we would like to invite you to review the enclosed recurring payment plan agreement and to consider participating in our “new” recurring payment plan.

To sign up please complete the form (included) and return it to the court either in person or by mail to the address listed above. If you need more information or have any questions please feel free to contact the court at 503.655.8453, option 2 and let them know you are calling about our “recurring payment” plan.

Attachment

Revised: April 30, 2018

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:

Name of Debtor: _____ Case Number: _____

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.

Payor/Cardholder's Information: PLEASE PRINT AND PROVIDE ALL INFORMATION

Monthly Payment: \$_____ Starting on: _____ until paid in full or cancelled in writing a minimum of 14 days prior to the recurring charge date.

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

Card Number: _____

Visa MasterCard Discover Expiration Date: _____ cvv/cvs #: _____

Cardholders billing address: _____
Street name and house number or apartment number

City State, Zip Code Daytime Phone number

Cardholder's Signature Date

Cardholder's Email address (PRINT CLEARLY)

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: _____ Date of 1st payment: _____

Additional information: _____
