

Recurring Credit/Debit Card Payment Authorization Form

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

I authorize the Oregon Judicial Department (OJD) 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 OJD has received written notification from me to cancel it. Notice must be received by the OJD at least seven days prior to the recurring charge date in order to cancel the next payment.

Case Name: _____ Case/Account #: _____ County: _____

Phone Number: _____ Email: _____

Signature Date

Please mark one: Visa MasterCard

Charge Amount: \$ _____
 Variable, not to exceed: \$ _____

Frequency: Semi-monthly, on the _____ and _____ days of each month
 Monthly, on the _____ day of each month
 Other (please clearly specify): _____

Cardholder Name: _____

PLEASE PRINT 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:

Oregon Judicial Department Attn: Collections/BFSD
1163 State Street
Salem, OR 97301-2563

Fax: 503-986-5856

Questions? 1-888-564-2828