

# 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