

# Recurring Credit/Debit Card Payment Authorization Form

I authorize the Yamhill 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 Yamhill 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 disruption of your payments.

**Changes cannot be made over the phone.** If you have questions, please call 503-434-7495.

Case Name: \_\_\_\_\_ Case # or Account #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mark one: ☐ Visa ☐ MasterCard

Charge Amount: ☐ \$ \_\_\_\_\_ Frequency: ☐ Monthly, on \_\_\_\_\_ day of each month

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

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:

Yamhill Co. Circuit Court, Attn: Collections, 535 NE Fifth St., McMinnville, OR 97128

**Questions? 503-434-7495**

**FOR COURT USE ONLY:**

Clerk: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Authorization# \_\_\_\_\_

Date of 1<sup>st</sup> recurring payment: \_\_\_\_\_