

Circuit Court of Waukesha County

Monica Paz

Clerk of Circuit Court
515 W MORELAND BLVD, RM C-153
WAUKESHA WI 53188

Automatic Recurring Payment Authorization Form

Instructions: Please fill out this form completely and return it by mail to: Clerk of Courts, Attn: Business Center, 515 W Moreland Blvd Room C-153, Waukesha, WI 53188. If you have any questions regarding this form, please contact the Business Center at 262-548-7494.

I, _____, authorize the Waukesha County Clerk of Courts, to charge
(full name)

the below referenced card on the 1st or 15th day of each month in the amount of

\$_____ until the balance owed on the case(s) numbers referenced below is paid in full.

I understand a 2.75% bank processing fee will also be deducted with each payment.

Signature _____ Date _____

Print Name _____

Case No(s) _____

Name on Case _____

Waukesha County Clerk of Courts accepts the following credit/debit cards:

Discover

MasterCard

Visa

Cardholder's Name (as appears on card) _____

Card Number _____ Expiration Date _____

Security code from back of card _____

Billing Address (address statement goes to) _____

City _____ State _____ Zip Code _____

Phone No. _____ Email Address _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Waukesha County Clerk of Courts in writing of any changes in my account information or termination of this authorization **at least 10 days prior** to the next billing date. If the payment date falls on a weekend or holiday, I understand that the payment will be executed on the next business day. I understand that because this is an electronic transaction, these funds will be withdrawn as soon as the payment date. I agree not to dispute this recurring billing with my bank or credit card company so long as transactions correspond to the terms indicated in this authorization form.

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Acknowledgement of Payment Terms

Please be aware that this bill payment will be processed by Elavon, a third party payment processor that we've engaged. Elavon will charge a non-refundable service fee for this bill payment. The service fee is in addition to the principal amount paid and will appear as a separate charge on your credit or debit card statement under the name Elavon – Service Fee. By authorizing the payment of your bill, you are authorizing us to charge your credit or debit card subject to the terms of service and privacy policy. You are also authorizing Elavon to separately charge your credit or debit card for the service fee subject to the terms and conditions and privacy policy disclosed in your billing statement.

Do you agree to these charges, including the Elavon service fee?

If yes : Thank you. Your payments will be processed.

If no : You will need to make alternative payment arrangements.

The disclosures have been read and the cardholder agrees.

Signature of cardholder

Date

Printed Name of cardholder

Case No(s)

Name on Case