



Automatic Reoccurring Billing Authorization

Payor Name (Print) _____

Last four of Credit Card # _____

Credit Card Expiration Date ____/____/____ (MM/DD/YYYY)

Case Number _____ - _____ (example CR-2014012345)

Payment Amount \$ _____

Frequency: Monthly Every Other Week Weekly

Start Date: ____/____/____ (MM/DD/YYYY)

I agree to allow my above listed credit/debit card to be used by the Glendale City Court to pay on the case listed above for the amount and frequency above starting on the start date above.

I understand the following: (Initial each line)

- _____ I agree to ensure that funds are available at the time of payment.
- _____ If there are insufficient funds available at the time of authorization, I will be charged a Dishonorment/Non-sufficient Funds fee of \$25.00, and a lesser payment will not be attempted.
- _____ Upon notice of a failed payment, I will be removed from the Automated Reoccurring Billing (ARB) plan.
- _____ If I fail to make a payment on time the case above may be assessed a fee up to \$75.00 per charge plus collection fees.
- _____ I can make additional payments to my case; however I am aware that the ARB will still occur at the authorized intervals.
- _____ If I pay off my case prior to a planned ARB payment, the payment may still pull, but will be credited back to my card and this may take a few days.
- _____ I understand that once my card information is entered Glendale City Court staff will no longer have access to this information and will not be able to provide information on the credit card number.
- _____ A request to be removed from ARB must be in writing by the payor listed above and no additional notification will be sent out about the ARB cancelation.
- _____ ARB transactions are case specific and do not apply to more than the case authorized on this form.

Signature of Payor

Date