

Recurring Credit/Debit Card Payment Authorization Form

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 # or Account #: _____

Phone Number: _____ Email: _____

Signature Date

Please mark one: ☐ Visa ☐ MasterCard

Charge Amount: ☐ \$ _____

Frequency: ☐ Semi-monthly, on _____ and _____ days of each month

☐ Monthly, on _____ day of each month

☐ Other (please clearly specify): _____

Duration: _____ months, ending on _____

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:

Umatilla/Morrow Circuit Court
PO Box 1307
Pendleton, OR 97801

Questions?

Morrow Co.: 541-278-0341 ext. 245

Umatilla Co.: 541-278-0341 ext. 231