

AUTOMATIC CREDIT/DEBIT CARD AUTHORIZATION

I, _____, whose date of birth is _____ and social security number is _____ do hereby authorize the Lyon County Attorney's office to charge my card as follows until paid in full:

\$_____ Today.

Hereafter, charge/debit will be \$_____

Weekly Bi-Weekly Semi-Monthly Monthly **(SELECT ONE)**

➤ **IF YOU SELECTED WEEKLY OR BI-WEEKLY**

select the day of the week below:

Mondays Tuesdays Wednesdays Thursdays Fridays

➤ **IF YOU SELECTED SEMI-MONTHLY OR MONTHLY**

indicate the day / date of the week below:

****IF YOUR CARD EXPIRES OR IS CANCELLED, IT IS YOUR RESPONSIBILITY TO NOTIFY THE LYON COUNTY ATTORNEY'S OFFICE IMMEDIATELY TO AVOID FURTHER COURT ACTION AGAINST YOU****

Name on Card: _____

Credit card Number: _____

Mastercard Visa Discover (SELECT ONE)

Three-digit code on back of card: _____ Expiration date: _____

Address card bills to: _____

Your phone number: _____

Your e-mail address: _____

(to receive a receipt for payment)

Signature authorizing deductions

Date