

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:

\$_____ Today.

Hereafter, charge/debit will be \$_____

Weekly, Biweekly, Semi-monthly, or Monthly (check one)

on the _____ day of each **Week or Month** (check one) until paid in full.

Credit card Number: _____

Mastercard Visa Discover (check one)

Three-digit code on back of card: _____

Expiration date: _____

Address card bills to: _____

Your phone number: _____

Your e-mail address: _____

(system will send you a receipt for payment)

Signature authorizing deductions

Date

**** PLEASE NOTE: IF YOUR CARD EXPIRES OR IS CANCELLED, IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IMMEDIATELY TO AVOID FURTHER COURT ACTION AGAINST YOU ****