



Circuit Court of Ozaukee County

Mary Lou Mueller
Clerk of Circuit Court
OZAUKEE COUNTY JUSTICE CENTER
1201 S. SPRING STREET
P.O. BOX 994
PORT WASHINGTON WI 53074

Automatic Recurring Payment Authorization Form

Instructions: Please fill out this form completely and return it by mail to: Clerk of Courts, Attn: CariAnne, PO Box 994, Port Washington, WI 53074. If you have any questions regarding this form, please contact CariAnne at 262-284-8418.

Accountholder's Name (as appears on check): _____

Accountholder's Address (on checking account): _____

City _____ State _____ Zip Code _____

Phone No. _____

Bank Routing No. (9 digits): _____ Bank Name: _____

Bank Account Number: _____

Case No(s). _____

Name on Case _____

I, _____, authorize the Ozaukee County Clerk of Courts, to

(accountholder's full name)

Initiate a deduction from my bank account at the bank identified above on the _____

day of each month in the amount of \$ _____ until the balance owed on the above

referenced case(s) is paid in full. I understand a processing fee of \$2.50 will also be

deducted with each payment.

Signature _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Ozaukee 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 due 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 I understand that because this is an electronic transaction, these funds will be withdrawn as soon as the payment date.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 so long as transactions correspond to the terms indicated in this authorization form.