



Circuit Court of Ozaukee County

Connie Mueller

Clerk of Circuit Court, Clerk of Juvenile Court
Register in Probate, Probate Registrar
Ozaukee County Justice Center
1201 S Spring Street
P.O. Box 994
Port Washington, WI 53074

Automatic Recurring Card Payment Authorization Form

Instructions: Please fill out this form completely and return it by mail to: Clerk of Courts, Attn: Ellen, PO Box 994, Port Washington, WI 53074. If you have any questions regarding this form, please contact Ellen at 262-268-7737.

Ozaukee County Clerk of Courts accepts the following credit/debit cards:

Discover MasterCard Visa American Express

Cardholder's Name (as appears on card) _____

Card Number _____ Expiration Date _____

Security code from back of card _____

Billing Address (address statement comes to) _____

City _____ State _____ Zip Code _____

Phone No. _____ Email Address _____

Case No(s). _____

Name on Case _____

I, _____, authorize the Ozaukee County Clerk of Courts, to
(full name)

Charge the above referenced card 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 3.5% bank processing fee 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 billing 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 I understand that because this is an electronic transaction, these funds will be withdrawn as soon as the payment date.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 or credit card company so long as transactions correspond to the terms indicated in this authorization form.