

I, _____, whose date of birth is _____ do hereby authorize the Sioux County Attorney's office to charge my card as follows:

\$_____ Today.

Hereafter, charge/debit will be \$_____ **Weekly / Biweekly / Semi-monthly / Monthly**

on the _____ day of each **Week / Month** until paid in full.

Credit card Number: _____

Mastercard / Visa / Discover (circle 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****