

## Electronic Payment Authorization Form

Case Number(s) \_\_\_\_\_

DEFENDANT INFORMATION		
Defendant's Name	Email Address	
Mailing Address	Telephone Number(s)	
City, State Zipcode	Fax Number	
PAYMENT PLAN		
Payment Amount \$	Start Date	
Fee Per Payment \$	Frequency of Payments <input type="checkbox"/> Monthly <input type="checkbox"/> One time	
Total amount Per Payment \$	Comment	
BANKING INFORMATION		
<b>Method of Payments</b> <input type="checkbox"/> Credit <input type="checkbox"/> Debit		
Credit Card Information <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name as it appears on card	
Card #	Expiration Date	Security Pin
<b>Method of Payments</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Name	Name on Account	
Routing Number (9 digits)	Account Number	
BANKING INFORMATION		
I authorize Modern Payments, on behalf of Okanogan County District Court "Court" to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Court receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Court reasonable opportunity to act (min 30-days)		
I understand that if the total amount owed to the Court is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to the Court is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.		
All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Modern Payments 15-days prior to any change being implemented. I understand that this payment plan may be cancelled by Court or Modern Payments, due to Non-Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank.		
I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Court, the bank, and Modern Payments harmless from damage, loss, or claim resulting from all authorized actions hereunder.		

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder's Signature if other than Defendant

\_\_\_\_\_  
Date

*Return form to District Court, PO Box 980, Okanogan, WA 98840*

