

OSCCE Autopay Processing Form

Name of Person Your Paying For: _____

Agency They Owe: _____

Their Case #: _____

Sentencing County: Kent New Castle Sussex Statewide

Name of Card Holder (as it appears on card): _____

Card Holder Billing Street Address: _____

Billing City: _____, State: _____ Zip Code: _____

Card Holder Billing Phone Number: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Last three digits of number sequence located in the signature box: _____

Relationship to the Person you're Paying For: Self Relative Friend Employer

Amount to be paid with Credit Card: \$ _____

Frequency: Weekly Bi-Weekly Monthly

I hereby authorize the Office of State Court Collections Enforcement to automatically charge my account on the credit/debit card shown above beginning _____, I further understand that all charges will be processed as a mail-in or e-commerce transaction with the card not present.

X _____ Date: _____