CITY OF PRAIRIE VIEW

MUNICIPAL COURT

Automatic Debit Authorization Form

Defendant:_____ Cause No:_____

Name on Credit Card_____
Please print legibly

Billing Address:_____

City, State, Zip_____

Telphone Number:_____ _____
Daytime Evening

Email Address: _____

☐ **Visa** ☐ **Mastercard** ☐ **Discover** ☐ **American Express**

Card Number

				-					-					-				

Expiration Date: _____

I, _____ do hereby authorize the City of Prairie View to debit the above listed account the amount of $_____ on the _____ day of each month beginning _____ _____, 20___, until the balance is paid, per the installment agreement I entered into with the City of Prairie View, unless I cancel this authorization.

I understand that there will be a credit card authorization fee for each transaction in the amount of $_____ in addition to the scheduled payment per the installment agreement I entered into with with City of Prairie View. I further understand that the City of Prairie View is not liable *(neither directly or indirectly)* for any damages I may incur, overdrafts, or additional fees charged to me by my financial institution as a result of my electronic payments.

I further understand that if my payment is declined, the City of Prairie View reserves the right to continue submitting my card for payment until it is approved.

_____ _____
Cardholder Signature Date

Photocopies of this document will not be accepted, submit the original document, signed in ink.

***To discontinue this monthly debit, a written request must be received by the City of Prairie View Municipal Court, with verbal confirmation at least three (3) days prior to your scheduled debit.**

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