



TRINITY COUNTY

Probation Department

Collections Division

Tim Rogers, Chief Probation Officer

333 Tom Bell Rd.

P.O. Box 1446

Weaverville, CA 96093

Phone: (530) 623-1204 ext. 159

Fax: (530) 623-1237



Monthly Debit/Credit Card Authorization

Defendant's Name: _____

Card Holders Name: _____

Billing Address: _____

Email Address: _____

Phone Number: _____

Case Number: _____

Debit or Credit Card

Visa/MasterCard/American Express/Discover

Card Number: _____

Expiration Date: _____

Security Code: _____

I authorize Trinity County Probation Department Collections Division to charge the above card numbers in the amount of \$ _____ plus the convenience fee of \$1.95 or 2.5% (whichever is greater) per month starting on _____ until the balance of the fine is paid in full.

I understand that if I wish to stop the Automatic Monthly Payment I must notify you in writing no less than 15 days prior to my monthly due date.

I understand that if my above Debit/Credit Card information changes at any time I am responsible to notify of all changes immediately.

Signature _____

Date _____