

**SCOTT COUNTY ATTORNEY'S OFFICE
DELINQUENT FINE COLLECTION**

Scott County Courthouse
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www.scottcountyiowa.com

CREDIT / DEBIT CARD AUTHORIZATION FORM

I, _____, who's date of birth is _____
do hereby authorize the Scott County Attorney's Office to charge my credit card as follows:

\$ _____ today

Hereafter, the charge (credit or debit) will be \$ _____ Weekly / Biweekly / Monthly (circle one)

On the _____ day of each Week / Month (circle one) until paid in full.

Credit / Debit Card Number: _____

Expiration Date: _____

Three Digit Code (on back of card): _____

Billing Address For Card: _____

Your Phone Number: _____

Your Email Address: _____

(The system will send you a receipt for payment.)

Signature Authorizing Credit / Debit Payment

Date

Your handwritten signature is required before processing the form