



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

Scott County Courthouse  
400 West Fourth Street  
Davenport, Iowa 52801-1104  
Telephone: (563) 326-8235  
Fax: (563) 326-8763



[www.scottcountyiowa.gov](http://www.scottcountyiowa.gov)

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**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.)*

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Signature Authorizing Credit / Debit Payment

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Date