OFFICE OF TREASURER – TAX COLLECTOR

Donna Riley
Treasurer – Tax Collector

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STANISLAUS COUNTY TREASURER-TAX COLLECTOR REVENUE RECOVERY DIVISION

AUTO-PAY AGREEMENT

This agreement is for the convenience of the debtor and may be canceled by the debtor or Revenue Recovery at any time. Upon signature of the payer, Revenue Recovery will process credit card/ E- check payments as agreed to below. Photocopies of the credit card (front and back), voided check if E- Check, and the identification card of the cardholder are required. Changing the credit card or bank account number requires new photocopies. If the debtor adds new accounts, these accounts will be added to this agreement after review of the payment plan. If the payment date falls on a weekend or a holiday, the payment shall be processed on the next business day UNLESS the next business day is in a new month, then it will be processed on the last business day of the month. If the balance is less than the payment amount, the balance shall be charged to the card. The information below will not be shared or used by anyone outside of Revenue Recovery.

Debtor name: _____ Account #: _____

Amount to charge each payment: _____

Payment frequency: Monthly _____ Weekly _____ Bi-weekly _____ Other: _____

Payment method: Credit Card _____ E-Check _____

First payment date (MM/DD/YYY): _____

If you have selected to make credit card payments, please provide the following information:

Credit Card number: _____

Expiration date (MM/YY): _____

3-digit security code (back of card) #: _____

Name on Credit Card: _____

Phone #: _____

If you have selected to make E-Check payments, please provide the following information:

Bank Routing number: _____

Checking account #: _____

Billing Address: _____
Number and Street Name (or P O Box)

City _____ State _____ Zip _____

Email (required for E-Check): _____

Executed at _____, California, this _____day of _____, 20____

Signature of Payer: _____

Name of Payer: _____