



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/YYYY): \_\_\_\_\_

**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: \_\_\_\_\_