



Circuit Court of Ozaukee County

Connie Mueller

Clerk of Circuit Court, Clerk of Juvenile Court
Register in Probate, Probate Registrar
Ozaukee County Justice Center
1201 S Spring Street
P.O. Box 994
Port Washington, WI 53074

Automatic Recurring Check Payment Authorization Form

Instructions: Please fill out this form completely and return it by mail to: Clerk of Courts, Attn: Ellen, PO Box 994, Port Washington, WI 53074. If you have any questions regarding this form, please contact Ellen at 262-268-7737.

Accountholder's Name (as appears on check): _____

Accountholder's Address (on checking account): _____

City _____ State _____ Zip Code _____

Phone No. _____ Email Address _____

Bank Routing No. (9 digits): _____ Bank Name: _____

Bank Account Number: _____

Case No(s). _____

Name on Case _____

I, _____, authorize the Ozaukee County Clerk of Courts, to
(*accountholder's full name*)

Initiate a deduction from my bank account at the bank identified above on the _____

day of each month in the amount of \$ _____ until the balance owed on the above

referenced case(s) is paid in full. I understand a processing fee of \$1.95 will also be

deducted with each payment.

Signature _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Ozaukee County Clerk of Courts in writing of any changes in my account information or termination of this authorization **at least 10 days prior** to the next due date. If the payment date falls on a weekend or holiday, I understand that the payment will be executed on the next business day. I understand that because this is an electronic transaction, these funds will be withdrawn as soon as the payment date. I agree not to dispute this recurring billing with my bank so long as transactions correspond to the terms indicated in this authorization form.