

AGREEMENT FOR RECURRING CREDIT CARD PAYMENT

I, _____, hereby acknowledge full responsibility for the payment due to the City of Roseville arising out of citation/invoice no. _____, in the amount of _____ (\$ _____) (hereinafter "Total Debt"). By signing this form, I acknowledge and agree to pay to the City of Roseville the Total Debt in installment payments of not less than _____ (\$ _____) per month until the Total Debt is paid in full. I acknowledge and agree that the first installment payment of _____ (\$ _____) shall be due on _____, and each subsequent payment of _____ (\$ _____) shall be due on the 1st or 15th (choose one) of each and every month thereafter until the Total Debt is paid in full. I further acknowledge and agree that a payment will be in default if it has not been received by the above payee or its duly authorized agent at the end of the fifth (5th) calendar day after the last installment due date. In the event of default on any of the installment payments, I acknowledge and agree that the full amount of the unpaid debt shall become due and payable together with interest, accruing thereon at the legal prevailing rate, as of the date of default. In the event a small claims action is instituted to collect this debt or any portion thereof, I agree to pay all such additional sum as the court may deem reasonable.

CREDIT CARD PAYMENT AUTHORIZATION

By signing this form, I authorize the City of Roseville to charge my account on the 1st or 15th of every month until my Total Debt is paid in full. I understand that this payment will be processed by Elavon, a third party payment processor, and understand that Elavon will charge a non-refundable service fee of 3% for each transaction. I further understand that this authorization is for a single monthly transaction only and does not constitute authorization for any additional unrelated debits or credits to my account. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.

I, _____, authorize the City of Roseville, City Attorney's Office to charge my credit/debit card account for _____ (\$ _____) on the 1st / 15th of each and every month for the payment of citation/invoice no. _____. I further authorize the 3% transaction fee for each transaction.

Signature: _____ Date: _____

Billing Information:

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____