



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Administrative Services

KIMBERLY K. HOOD
Executive Director

Division of Finance

JOHN C. REIDHEAD CPA
Division Director

AUTHORITY FOR THE AUTOMATIC CREDIT/DEBIT CARD CHARGE

I hereby authorize the State of Utah, Division of Finance, Office of State Debt Collection (OSDC) to charge the Credit/Debit card account described below (the "Card") at the frequency and in the amounts stated until the debt in the indicated OSDC case(s) is(are) paid in full. I authorize the credit/debit card company at which the Card is maintained to accept the debit initiated by OSDC and to debit the Card account as instructed by OSDC. As to the regularly scheduled payments due OSDC, I authorize the credit/debit card company named below to debit the Card monthly in the amount of \$ _____. This agreement may be terminated only with written authorization of OSDC, payment in full of the debt; or written notice from the credit /debit card holder at least ten (10) business days prior to the payment date. I guarantee that I am an authorized signatory on the Card account and have the legal right to conduct all business on the Card account. I also understand that I am ultimately responsible for the balance and each and every payment due to OSDC in the case(s) indicated below. If a problem occurs with the credit/debit card debit process, it is my responsibility to make a payment to OSDC by money order in a timely manner.

OSDC CASE NUMBER(S) _____

Credit/Debit Card Company _____

Visa Mastercard Discover
Mark **only one** box

Card Number _____ Expiration Date _____

Security Code from back of card _____

Regularly scheduled payments of \$ _____ per _____ beginning on _____.

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

NAME ON CARD : _____

SIGNATURE: _____

DATE (MM/DD/YY): _____

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