



Cumberland County Court Administration

Court Collections Unit

One Courthouse Square . Suite 308 . Carlisle, PA 17013 . 717.240.7340 . [courtcollections@cumberlandcountypa.gov](mailto:courtcollections@cumberlandcountypa.gov)

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENT**

COMPANY NAME: **Cumberland County Clerk of Courts**

Checking Account (attach voided check)

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

OR

Savings Account:

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize **Cumberland County Clerk of Courts** to debit my, **Checking OR Savings account (circle one)** for the payment of my cost, fines and or restitution. I authorize the amount of \$\_\_\_\_\_, to be debited;

**Monthly:**      5<sup>th</sup>      OR      15<sup>th</sup>      (circle one):      **Month DD should start:** \_\_\_\_\_

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authorization will remain in effect until Cumberland County Clerk of Courts has received notice from me or until the balance has been paid in full. Applicable insufficient fund fees may be assessed, and I will no longer be able to participate in the Direct Payment Program if payment is returned from my bank.

Name: \_\_\_\_\_ Docket #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.**