

Jerome Municipal Court

Automated Recurring Billing (ARB) System

If you would like to have your payments automatically withdrawn from your bank account on a monthly basis you will need to first call the Court at 928-649-3250.

The Court will explain your obligations. You should print this page and the two (2) pages below, read and sign both pages. These form may be brought in person to the Court or received by mail within 10 calendar days before the 20th of the month to have payments begin in the month assigned payments are due.

You will not receive a receipt for your payments unless you submit a self-addressed stamped envelope.

As of January 2015 there is no fee for this service. You will be notified 30 days prior to payment due should this change. At which time if you want to continue with the (ARB) system you will need to provide a written statement agreeing to pay the fee. If you do not you will be dropped from the system and be required to make payments via mail or in person.

When in doubt or you have question call the Court!!!

**Jerome Municipal Court
Automated Recurring Billing (ARB) Authorization**

I, _____ (printed name) hereby agree to the following:
My credit/debit card ending in _____ will be used by the Jerome Municipal Court to pay my case number _____ in the amount of \$_____ per my Time Payment Agreement.
The funds will be authorized on the 20th of each month or the next business day if the date falls on the weekend or holiday until the balance is paid in full.

I understand the following by initialing each line:

- _____ I agree to ensure that funds are available on my payment card at the time of payment. Requests for extension of payment date must be filed in writing and mailed to the court 10 days prior to the payment due date.
- _____ I agree that upon notice of a failed/declined payment, I will be removed from the Automated Reoccurring Billing (ARB) plan and will be notified by the court.
- _____ I can make additional payments to my case; however I am aware that the ARB will still occur at the authorized intervals as specified above.
- _____ I understand that once my card information is successfully entered and processed and the case has been adjudicated, paid in full – the Jerome Municipal Court staff will shred the credit card documentation and will not be able to provide information on the credit card number other than the last 4 numbers of the card.
- _____ A request to be removed from ARB must be in writing and mailed to the court 10 days prior to payment due date.
- _____ ARB transactions are case specific and do not apply to more than the case authorized on this form.
- _____ I understand the Court will need to be provided new expiration dates when I receive a new card. I will need to call the Court as soon as possible to provide any updates to my credit/debit card. The contact telephone number below will be kept up to date should the Court need to call me for any updated credit card information.

Signature

Date

Telephone number

Signature of cardholder if different

Date

Telephone number

******* CONFIDENTIAL INFORMATION *******

NOTE: Upon completion of payments and case obligations the Credit/Debit card information below will be shredded/destroyed.

Defendant name: _____

Case number: _____

Payment Information:

Complete card number _____ 3 Digit Security Code _____

Expiration Date _____

Circle One:

Visa MasterCard Diner's Club Discover

Name as shown on Credit/Debit Card:

Full Address of Cardholder as the bank would have it on file:

Phone number associated with Credit/Debit card: _____

Contact telephone number if different than above: _____

For Court Staff Use:

Monthly payment amount: _____ Monthly payment date: _____

First payment date: _____ Last payment date of contract: _____

Deputy Code: _____