

**SAN LUIS OBISPO COUNTY  
PROBATION DEPARTMENT**  
Automatic Payment Plan Enrollment

Pay Your Probation Payment Automatically • Save Postage • Never Pay Late Fees

To enroll in this free, efficient, and secure way to pay your Probation payments, simply fill out the form and mail it to:

**Probation Department**  
**1730 Bishop St.**  
**San Luis Obispo, CA 93401**  
**Attn: Finance**

Please mail this form with your next payment or in a payment envelope. You will continue to receive your monthly statements in the mail that tell you the amount due. Your automatic deductions should begin with your next billing statement (after receiving your authorization). Just in case, keep paying your bill until your statement reflects that you are set up for automatic payments. After that, you will not need to send another payment. Please be advised that your account will be charged/debited the 1<sup>st</sup> of each month (or the 1<sup>st</sup> business day if the 1<sup>st</sup> is on a holiday or weekend). **If payments are made by a 3<sup>rd</sup> party, attach copy of 3<sup>rd</sup> party's driver's license for authorization and verification purposes. If you have questions, call Finance: 805-781-4060.**

**ACTION TYPE**     New Auto Pay     Terminate Auto Pay     Change Auto Pay

**DEFENDANT INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Probation Case #:** \_\_\_\_\_

**PAYMENT INFORMATION – PLEASE PRINT INFORMATION BELOW**

**CREDIT CARD INFORMATION**

**Credit Card Member First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Credit Card Type:** Visa    MasterCard    Discover    **Monthly Payment Amount:** \$ \_\_\_\_\_  
**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
**Billing Telephone #: (    )    -    \_\_\_\_\_**

**If you want to have your bank/credit union set up automatic payments to the Probation Department through your checking account, please go on-line with your bank/credit union and follow their prompts to set up this feature.**

*I want to enroll in the automatic Payment Plan. My signature below authorizes the County of San Luis Obispo Probation Department to debit/charge my account/credit card as indicated above. This authorization will remain in effect until the County of San Luis Obispo Probation Department receives a new written authorization indicating a change in status or the bill has been paid in full, whichever comes first.*

\_\_\_\_\_  
**Authorized Signature of Account/Credit Cardholder**

\_\_\_\_\_  
**Date**