



PLACER COUNTY ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION

www.placer.ca.gov

AUTOMATIC RECURRING PAYMENT AGREEMENT

Instructions:

- Complete the applicable information below
- Attach a voided check or proper documentation provided by your bank indicating account and routing number
- Sign and date form
- Fax to 916-543-3910 or email to REVSERV@placer.ca.gov

NAME _____

ACCOUNT # _____

MAILING ADDRESS _____

CASE # _____

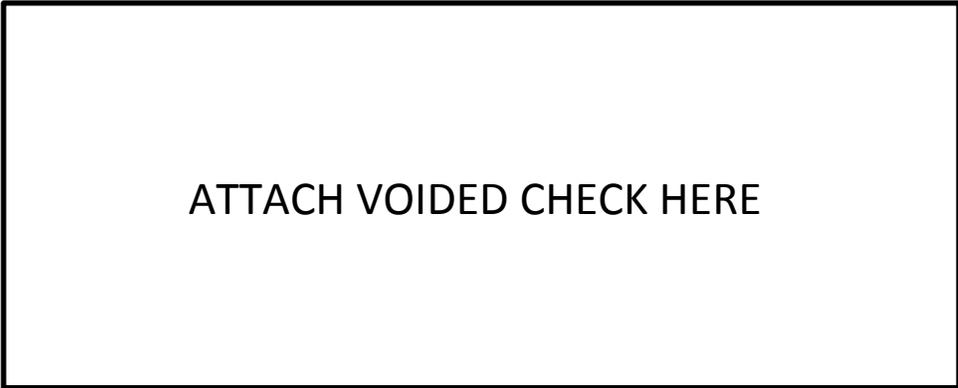
CITY _____ STATE _____ ZIP _____

MONTHLY DEBIT AMOUNT \$ _____

EMAIL _____
By entering your email address you agree to accept all notices electronically

MONTHLY DEBIT DATE _____

PHONE # _____ CELL # _____



I authorize Placer County Revenue Services to debit my bank account for the stated monthly amount listed above and understand this will be a recurring automatic payment which will occur on the date listed above each month until account is paid in full.

Authorized Signature: _____

Date: _____