



Scottsdale City Court • 3700 N 75th Street Scottsdale, AZ 85251 • (480) 312-2442

Fax: (480) 312-2764 • court@scottsdaleaz.gov • www.ScottsdaleAZ.gov/Court
ORI: AZ007111J • Maricopa County, Arizona

AUTOMATED RECURRING BILLING (ARB) AUTHORIZATION FORM

This Automated Recurring Billing (ARB) Authorization form is used to authorize a specified payment amount on that card to be charged automatically per the set schedule of payments according to the active payment plan on file with the Court.

INSTRUCTIONS FOR FILING AUTOMATED RECURRING BILLING (ARB) AUTHORIZATION FORM

- 1) Type in all necessary information on the form. You must read and initial every statement on the first page, as well as complete the second page including the care information, billing address, phone number, and email.
- 2) If you enter information on the amounts or dates of payment that differ from your contract, the Court will re-issue a contract to coincide with your ARB request which will result in the addition of a \$10.00 Contract Administration fee.
- 3) Save the form and file it with the Court.
- 4) To file with the Court, you must submit the completed form to the Court by email as an attachment (Word or PDF attachments only), by fax, by mail, or in person.
- 5) After the Court receives your form, it takes about 7-10 working days for the Court to process your request. If there is a payment due on this case in that time, please make that payment manually to avoid any late payments.
- 6) If your mailing address has changed, please be sure to include that information with your request or contact the Court.

NOTE: It is your responsibility to ensure that your fax or email was received by the Court. Review our website at www.scottsdaleaz.gov/court to check if the Court has received & processed your filing.

If filing by email:

- Attach the completed motion to an email and send to court@scottsdaleaz.gov.
- Only PDF and TIFF documents will be accepted.

If filing by fax:

Print the completed form and fax it to Scottsdale City Court at 480-312-2764.

If filing by mail:

Print the completed form and mail it to Scottsdale City Court, 3700 N 75th St, Scottsdale, AZ 85251.

If filing in person:

Print out the completed form and bring it to the Court (address above), date stamp it and drop it in the drop box in the Court's lobby.



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State Of Arizona VS.	Case #: Complaint #:	
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Automated Recurring Billing (ARB) Authorization

Autorización de Pagos Automáticos Recurrentes (ARB, por sus siglas en inglés)

I, _____ and _____ hereby agree to the
(PRINT Defendant Name) (PRINT Cardholder Name, if different)

following: My credit/debit card ending in _____ will be used by Scottsdale City Court to pay on my case in the amount of \$ _____ per my contract. The funds will be authorized on the _____ of each month until the balance is paid in full.

Yo, _____ y _____ por el presente estoy de
(el/la demandado/a) (si el nombre del titular de la tarjeta es diferente, imprima nombre)

acuerdo con lo siguiente: el Tribunal Municipal de Scottsdale utilizará mi tarjeta de débito/crédito con los últimos dígitos de _____ para pagar el monto en mi causa de \$ _____ conforme al contrato. Autorizo que los pagos se efectúen en el día _____ de cada mes hasta que el saldo se haya pagado en su totalidad.

I understand the following (initial each item) / *Entiendo lo siguiente (indique sus iniciales en cada espacio):*

I agree to ensure that funds are available on my payment card at the time of payment.

Garantizó que los fondos estarán disponibles en mi tarjeta en las fechas de pago.

If there is a payment due immediately, I authorize the Court to process a payment using the credit card included in this request, for any payment(s) due upon receipt of the signed authorization form. All payments thereafter will be processed via the Automated Recurring process.

Si hay un pago que deba efectuarse inmediatamente, autorizo al tribunal de utilizar la tarjeta incluida con mi solicitud para cualquier pago debido al presentar la autorización firmada. Los pagos posteriores se llevarán a cabo por medio del proceso automático recurrente.

I agree that upon notice of a failed/declined payment, I will be removed from the Automated Recurring Billing (ARB) plan and will be notified by the court.

Estoy de acuerdo que se me suspenderá el plan de pagos automáticos recurrentes (ARB) al ser notificado/a por parte del tribunal de algún rechazo/ fallo de pago con mi tarjeta.

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.

Puedo efectuar pagos adicionales a mi causa; sin embargo, soy consciente de que en las fechas autorizadas se llevarán a cabo los pagos automáticos recurrentes (ARB) según se especificó arriba.

If I pay off my case prior to a planned ARB payment, the payment may still be processed on my card, but will be refunded back to my card, and this may take a few days.

Si pago el saldo previo a la fecha establecida en el ARB, es posible que el pago aún se cobre a mi tarjeta y el cual se podría tomar unos días para reembolsar.

I understand that once my card information is successfully entered and processed - Scottsdale City 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.

Entiendo que una vez los datos de mi tarjeta se hayan ingresado y tramitado de manera exitosa, el personal del Tribunal Municipal de Scottsdale triturará la información de la tarjeta de crédito y no podrán proporcionar ningún dato sobre dicha tarjeta salvo los últimos 4 dígitos.

A request to be removed from ARB must be in writing.

Para cancelar el ARB, deberá solicitar por escrito.

ARB transactions are case specific and do not apply to more than the case authorized on this form.

Las transacciones del ARB se emplean específicamente a la causa indicada y no a otra causa que no haya sido autorizado en este formulario.

By providing your phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case. Normal text and SMS rates may apply. Please contact the court in which your case is filed should you desire to opt out of this service.

Al proporcionar su número de teléfono, nos otorga el permiso de recibir textos y otros tipos de mensajes con respecto a sus audiencias, pendientes de pago y otros datos pertinentes de su causa. Se pueden cobrar tarifas de textos normales o de SMS. Si usted desea cancelar tal servicio, favor de comunicarse con el tribunal donde se entabló su causa.

Email/Dirección de correo electrónico: _____

Phone number/Número de teléfono: (_____) _____ - _____

Defendant Signature
Firma del/ de la Imputado/a

Date
Fecha

Signature of cardholder, if different
Firma del/ de la titular de la tarjeta, si es diferente

Date
Fecha



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

Información Confidencial

NOTE: Upon successful entry and processing of the payment card, the following information will be shredded/ destroyed. / Al haber ingresado y tramitado los datos de la tarjeta de forma exitosa, se destruirá/triturará la siguiente información.

Defendant's Name/ El/la demandado/a:

Mailing Address/ Dirección de envío

Case Number / Número de caso:

Payment Information / Datos de Pago:

Complete card number / Número completo de la tarjeta:

Expiration Date / Fecha de caducidad:

Check One / Seleccione una opción

Visa Mastercard Amex Discover

Name as appears on Card / Nombre como aparece en la tarjeta:

Address of Cardholder, if different from above / Dirección de titular de la tarjeta, si es diferente a la de arriba:

Disclaimer: Spanish version has been provided as a courtesy for translation purposes only. In case of inconsistencies, original English form shall prevail. Descargo de responsabilidad: En caso de discrepancia, el texto original en inglés prevalecerá ya que la versión en español se facilita como cortesía para fines de traducción.

For Court Staff Use ONLY / Para el uso exclusive del personal del tribunal:

Monthly payment amount: _____

Monthly payment date: _____

First payment date: _____

Last payment date of contract: _____

Verify email address: _____

Deputy Code: _____