

Office of Court Compliance

Room 370 City Hall
 Philadelphia, PA 19107
 Email: OCC@courts.phila.gov
 Phone: 215-683-7999 Fax: 215-683-7778

*For Official Use Only*

Payment Plan No.: _____

Monthly Amount: \$ _____

Reviewed by: _____

Date: _____

**First Judicial District of Pennsylvania
 Enrollment Agreement for Electronic Funds Transfer (EFT)
 Court Fees, Fines, Costs & Restitution**

ACH Debit

The amount to be deducted cannot be less than the monthly payment plan amount

PAYOR INFORMATION / NAME OF DEFENDANT (PLEASE PRINT):

Last Name:		First Name:		Middle Initial:
Date of Birth:		Social Security Number Last 4 numbers only		XXX-XX-
Street Address:				Apt:
City:		State:	Zip Code:	
Telephone Number:		Cell Phone Number:		
Payment Plan #				
Individual Docket Number(s):				

BANK INFORMATION (PLEASE PRINT):

Bank Name:	
Bank Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number:	
Branch Address:	Branch Telephone #

PAYMENT INFORMATION:

Payment Amount: \$	Select preferred payment date (check one):	<input type="checkbox"/> 1 st of month	<input type="checkbox"/> 15 th of month
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I hereby authorize the First Judicial District of Pennsylvania to deduct or transfer an automatic payment from the bank account I have identified above to be applied to my outstanding court fees, fines, costs and/or restitution.

I understand that payments are deducted or transferred on the 1st or 15th of each month. I have noted the payment amount and my preferred payment date above.

Signature: _____

Date: _____

**Please return this Form and a VOIDED check for further processing to the:
 Office of Court Compliance at the above address.**