



PUTNAM COUNTY
Clerk of the Circuit Court & Comptroller
Payment Plan Agreement Request Form

Full Name: _____

Case Number: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Mobile/Cell #: _____ Email: _____

I understand that by providing a mailing address, I acknowledge and verify that the mailing address is correct. I will keep my contact information updated with the clerk's office so that I may receive payment plan notifications. By signing and submitting this application, you consent to receive electronic notifications.

Financial Information
Monthly Amount I Can Afford to Pay on this Payment Plan \$ _____ (\$10.00/month minimum)

I understand that a payment schedule will be created as referenced below and provided to me. I understand that the monthly payment will be due until paid in full. **I agree to pay 10 percent of the total fine/court costs or at minimum \$10.00 as a down payment today.**

I further understand that failure to comply with the payment plan will cause the case to be referred to a collection agency for further processing with an additional collection agency fee of up to {25%} of the amount due. When the case is referred to a collection agency, this amount will be added to the balance. In addition, in certain cases, a civil lien fee may be added to the original fine/court costs.

I understand the clerk charges a **\$25.00 one-time** payment plan fee. I also understand that Civitek charges a fee of **3.5%** per payment when making payments by credit card. This agreement will not be in effect until your first payment has been received and processed.

Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE CLERK'S OFFICE
Total Amount Owed \$ _____ Payments of \$ _____ will start on _____ and be due on the _____ day of each month until paid in full.