

\*\*\*\*\* DO NOT E-MAIL THIS FORM TO OUR OFFICE \*\*\*\*\*

**Waukesha County Register of Deeds**  
**Credit/Debit Card Authorization Release Form**

I hereby authorize Waukesha County Register of Deeds to charge my credit/debit card as follows:

Amount:        \$ \_\_\_\_\_

Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Other

*(We do not accept American Express)*

Account Number: \_\_\_\_\_

CCV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**(This form will be shredded immediately after payment information is entered into our system.)**

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