

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

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

**\*\*ATTENTION: A 2.75% Fee will be assessed to each Credit/Debit Card Transaction. There is a minimum fee of \$2.00 for all transactions.**

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)*

Debit/Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ 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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