

***** 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)

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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