

TIME PAY AGREEMENT
FOR
AIRWAY HEIGHTS MUNICIPAL COURT

First Name _____
Home Phone _____
Date of Birth _____

Last Name _____
Cell Phone _____

Mailing Address: _____
City: _____
State: _____ ZIP Code: _____

Street Address: _____
City: _____
State: _____ ZIP Code: _____

Citation Number: _____
Criminal Fines/Costs \$ _____
Infraction Fines/Costs \$ _____
Set Up Fee \$ _____ 15.00 _____
Total \$ _____

Time Pay Amount \$ _____ per month
PayAssist Monitoring Fee \$ 5.00 per month
Total \$ _____ per month

Payment Due Date: 20th of each month

I hereby agree to pay the above monthly time pay amount to Pay Assist by Armada on or before the 20th of each month plus a one-time \$15.00 setup fee

I understand that I may avoid paying the setup fee by paying the court in full within 30 days from today's date. _____ (initials)

I understand that if I fail to make my monthly payment as agreed, I will be in default and any unpaid balances will be sent to a collection agency and I will be responsible for all court added fees incurred due to default.

I agree to notify both Airway Heights Municipal Court and Pay Assist of address and phone number changes. _____ (initials)

I understand that missing a payment is a violation of my probation (if a criminal citation, including C.F.D.'s) AND additional penalties may be incurred, AND my driving privileges may be suspended, AND a warrant can or will be issued.

Signature

Date:

Please call (800) 410-8467 if you have any questions.

Payments should be mailed to: Pay Assist by Armada P.O. Box 709 Wenatchee WA 98807

PayAssist will send you a monthly statement with payment return envelope to the above mailing address on or about the 5th of each month. YOUR MONTHLEY PAYMENT WILL BE DETERMINED BY TOTAL AMOUNT THAT YOU OWE THE COURT. CASES TOTALING MORE THAN \$800.00 WILL BE \$50.00.