



# AGREEMENT TO PAY

FORM 138B-17

Prepared: \_\_\_\_\_  
Click here to enter text.

Defendant agrees to pay \$\_\_\_\_\_ per month toward these obligations, and any other accrued obligations. Payments will begin on \_\_\_\_\_, with a payment due on the \_\_\_\_\_ day of each month until the obligations are paid in full. I understand that payments will first be applied to the oldest 6<sup>th</sup> District debt. I have been provided with an opportunity to discuss this issue and ask questions. Balances owing from a Residential Facility placement may not be reflected on this notice but will be added at a later date, if applicable to your account. *Accounts 120 days delinquent will be referred to the State of Iowa Offset Program for collection from any future state payments such as tax refunds, lottery payments, vendor payments, etc.*

Signature - Click here to enter text.

Date

For Public Information Only

|   |  |  |  |
|---|--|--|--|
|   | <b>PAYMENT SLIP</b>  | Offender Name: <a href="#">CLICK HERE TO ENTER TEXT.</a> | ICON # <a href="#">CLICK HERE TO ENTER TEXT.</a>   |
|   | <b>Payment Enclosed:</b> <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check |  |  |
|   | <b>Payable to:</b> Department of Correctional Services (DCS)<br><b>Mail to:</b> <a href="#">Click here to enter text.</a>                      |  |  |
|   | <b>Charge To:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA  |  | <b>CREDIT CARD PAYMENT AMOUNT:</b> \$ _____<br><small>If no amount is specified, full amount owed will be processed.</small> |
| <b>Card Holder Name</b>   |  |  |  |
| <b>Card Billing Address</b>   |  |  | <b>Card Holder Contact Phone</b>   |
| I authorize Credit Card payment to be charged to this account:                              |  |  |  |
| <b>Acct. No:</b> _____  |  | <b>Exp. Date:</b> ____ / ____                            |  |
| <b>Card Holder Signature:</b> X _____   |  |  | <b>Date:</b> _____   |
| <small>If no payment amount is specified above, full amount owed will be processed.</small> |  |  |  |
| <b>Send receipt to:</b>   |  |  |  |
| Provide Email or Mailing Address  |  |  |  |