



**PAYMENT PLAN**

**AFFIDAVIT GRANTING AUTHORITY TO ACT**

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

Summons and/or Fee Number(s): \_\_\_\_\_.

I, \_\_\_\_\_, attest, under penalty of perjury, to the following:

1) I am the owner/corporate officer/principal of \_\_\_\_\_

located at \_\_\_\_\_. A true and accurate copy of my government issued photo identification is attached to this affidavit.

2) I authorize \_\_\_\_\_, whose telephone number is \_\_\_\_\_, and e-mail address is \_\_\_\_\_,

to enter into a Payment Plan Agreement for the above Summons and/or Fee Number(s) on my behalf or on behalf of the above business.

3) I understand that I or my business will be bound by the terms of the payment plan agreement signed by my authorized representative.

\_\_\_\_\_  
Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC