

**ERATH COUNTY ATTORNEY, LISA PENCE**  
**Erath County Courthouse, 100 W. Washington 2<sup>nd</sup> Floor**  
**Stephenville, Texas 76401**  
**254-965-1453**

DATE \_\_\_\_\_

I represent \_\_\_\_\_  
(Name of Business or Individual)

We hereby authorize the County Attorney's Office of Erath County, Texas to collect on our behalf the check processing fee authorized by Business & Commerce Code Section 3.506 We request that the County Attorney's Office assess the check writer a processing (merchant) fee of \$30.00 per check. We hereby acknowledge that the processing fee authorized by Business & Commerce Code Section 3.506 is a civil remedy and if the check maker absolutely refuses to pay the processing fee, while at that time agreeing to pay the amount of the dishonored check, our only remedy is to file a civil suit to recover the processing fee. We understand the County Attorney's Office will exercise its best efforts to collect the processing fee. We authorize the County Attorney's Office to accept the amount of the check on our behalf. We agree to accept the amount of the check from the County Attorney's Office and acknowledge the responsibility to seek civil remedy shall rest solely with us, the merchant.

**PLEASE PRINT BELOW:**

OWNER \_\_\_\_\_

Owner's Drivers License #: \_\_\_\_\_

Owner's Social Security Number (Last 4 digits only) \_\_\_\_\_

Owner's DOB: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MAILING ADDRESS (*IF DIFFERENT THAN ABOVE*) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Contact Person**

**Note:** If there are any changes, please notify the Erath County Attorney's Office as soon as possible to avoid any confusion regarding restitution.

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Corporate Office Information (*If Applicable*)

CORPORATE OFFICE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CORPORATE OFFICE CONTACT \_\_\_\_\_

CORPORATE OFFICE PHONE NUMBER \_\_\_\_\_

CORPORATE OFFICE FAX NUMBER \_\_\_\_\_

Federal Tax ID (EIN) Number: \_\_\_\_\_

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**MAIL RESTITUTION CHECKS TO (Check one):**

- Business Address
- Mailing Address
- Corporate Address
- Check Collection Agency \*\*  
Name of Check Collection Agency

\_\_\_\_\_  
Address of Check Collection Agency:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If this option is selected, the owner of the business MUST sign below acknowledging that restitution will be sent to the check collection agency and not to their business.**

\_\_\_\_\_  
**Signature of Owner**

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**DO NOT WRITE BELOW (COUNTY ATTORNEY SECTION)**

Vendor Number Assigned \_\_\_\_\_ Added or Updated

Date entered or changed \_\_\_\_\_ Initials \_\_\_\_\_