

# TIME PAYMENT AGREEMENT

Beginning \_\_\_\_\_ I agree to make payments of at least \$ \_\_\_\_\_ on or before the \_\_\_\_\_ of each month until the total amount of \$ \_\_\_\_\_ is paid.

**I understand that if my time pay account becomes 30 days delinquent, the following may happen:** Suspension of my driver's license, a warrant issued for my arrest, a \$52.00 FTA penalty will be added to the original fine, and the balance owing referred to a collection agency. I also understand that if the court refers my account to a collection agency, I will be required to pay the additional costs of collections.

Make your credit/debit card payment by visiting [www.ferrycountytix.com](http://www.ferrycountytix.com) or by calling 1-877-793-8935. Make sure you have your case number ready.

## **Payments by check or money order can be mailed to:**

Ferry County District Court  
350 East Delaware #6  
Republic, WA 99166-9747  
(509) 775-5225 ext. 2504

## **INCLUDE YOUR CASE NUMBER(S) ON CHECK OR MONEY ORDER**

Defendant Signature \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dated: \_\_\_\_\_

Case No.: \_\_\_\_\_