Consumer Affairs

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