

LOWER KITTITAS COUNTY DISTRICT COURT, WASHINGTON
TIME-PAYMENT COLLECTION APPLICATION

Managed by Signal Credit Management Services (SCMS)
253-620-2239 or 800-874-1958

You must provide the following information to be considered for the Court's time-payment collection program. If you have questions, you may contact SCMS at the above numbers.

Name: _____ Spouse: _____ (Last)
(First) (M.I.) (Last) (First) (M.I.)

Residence Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Cell Telephone #: (_____) _____ Home Telephone #: (_____) _____

Email Address: _____

Social Security No: _____; Date of Birth: _____; Sex: M ___ F ___

Driver's License #: _____ State of Issue: _____; Single __, Married __, Div ___

Bank Name: _____ Bank Acc't #: _____

Employer, Name of Business, or Income Source: _____

Employer Address: _____ Employer Phone: _____

Occupation: _____ Take-Home Pay (and pay period): _____

Contact Person Name: _____ Contact Phone: (_____) _____

Contact's Address: _____

Are you currently subject to any bankruptcy proceeding (check one): No ____, Yes ____. If yes, provide:

Bankruptcy Court (City): _____, Case #: _____, Chapter: _____

Attorney (if any) Name and Telephone: _____

If you wish to make automatic monthly payments, please fill out this section. Call or visit SCMC if you need assistance (be sure to have your checking account information available).

By my signature below I authorize a payment of \$ _____ per month to be withdrawn from my account on or after the _____ day of every month, beginning with the month of _____, until my account is fully paid, by the following method (check one):

() checks printed by SCMS and signed by an SCMS representative on my behalf
(the checks will be numbered sequentially beginning with the number: _____)

() post-dated paper checks signed by the account holder, which I will supply to SCMS

Bank Routing # and Name: _____

Bank Address (City, State, Zip): _____

SIGN AND DATE YOUR APPLICATION: _____
Signature Date



SIGNAL CREDIT MANAGEMENT SERVICES

Time Payment Collection Instructions

To set up a "Time Payment" agreement you must do the following:

➤ Obtain a *Signal Time Payment Information Packet* from the Court. This contains 2 forms:

1. Time Payment agreement
2. Time Payment application

➤ You must fill out both forms completely, sign and date them. The Set-Up Deadline must be filled out by the Court.

➤ Along with the forms, you must also send in the \$15.00 set-up fee **AND** your first monthly payment. Minimum monthly payments are as follows:

If the total amount owed is under \$1000, the greater of 10% of the account balance or \$25.

If the total amount owed is \$1000 or more, 5% of the account balance.

➤ Please keep in mind that Signal has no information on your account until the completed paperwork and fees are received and the account is set-up in our system.

➤ Incomplete paperwork or lack of appropriate payment may result in a delay of information being reported back to the Court.

➤ After your case is assigned to Signal for monthly payments, contact them for information on your account at 253-620-2239 or 800-874-1958.

OR

You will not need to sign up for time payments with Signal if your intent is to pay Lower Kittitas County District Court in full no later than 60 days from the date of your judgment. If you will be paying the court directly, please remit payment in full with the case or citation number to the following address. If you have any questions regarding payment procedures please call the court at 509-962-7511.

Lower Kittitas County District Court
205 W 5th Ave Room 180
Ellensburg WA 98926

For an additional fee, credit card payments are available by calling nCourt at 1-800-701-8560 or online at www.lowerkittitastix.com. For all payment methods you will need your complete case number including the issuing agency (3 letters following the number) and the dollar amount owing.