

Ticket Number _____

**BELLINGHAM MUNICIPAL COURT
2014 C Street
Bellingham, WA 98225**

INFRACTION PAYMENT AGREEMENT

Name: _____

Total Fine Amount: \$_____

Payment Options:

Option A – Payment in full **or**

Option B – Time payment arrangements with Signal Credit Management Services
(SCMS)

Complete Option A or Option B before: _____
(To be completed by Court Clerk)

I agree that I have committed the infraction(s) filed with the court in the above traffic case(s), but I am requesting 60 days in which to make payments either to the court (payment in full) or to SCMS (monthly payments). I am waiving my right to request a court hearing. I understand that if this charge is reportable to the Department of Licensing, it will become a part of my driver's record.

If I fail to pay the total fine amount to the court or make monthly payment arrangements with SCMS by the above due date, the court will assess additional monetary penalties and my driver's license may be suspended. Also, my account will be assigned to a collection agency.

Signature Date

Current Address: _____

City State Zip Code

Current Phone Number: _____