



**Credit Card
Payment (ePayables)
Response Form**

**Please return this completed form to:
Jackson County Accounting Office
10 S Oakdale Ave Rm 314
Medford, OR 97501
or fax to 541-774-6740.**

Yes, please sign me up!

*When you sign up you will receive an email welcoming you to the program and explaining the process in greater detail.
Then you will be provided with a MasterCard payment each time your invoice(s) are due.*

Company Name: (please print)

Accounts Receivable Contact Information

Name and Title:

Remit Address:

Phone Number:

Email Address: - Required

Authorizing Signature:

Date:

For Office Use Only:

A/P: Vendor #: _____ Date Processed: _____ Processed By: _____