

Discover Card Payment

Completed form may be mailed to 302 N. Chicago Street, faxed to 815-740-4695 or emailed to treasdiscover@willcountyillinois.com

PIN: _____

TAXPAYER NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

(PAYMENT WILL NOT BE PROCESSED WITHOUT A SIGNATURE)

CARD NUMBER: 6011- - - EXP DATE: ____/____

1ST INST. TAX \$ _____

(Include interest if after due date)

2ND INST. TAX \$ _____

(Include interest if after due date)

RETURN CK. FEE \$ _____

(\$25.00 if applicable)

TOTAL TAX AMOUNT \$ _____

FEE \$ _____

(PAYMENT WILL BE PROCESSED WITH CORRECT FEE)

TOTAL CHARGE \$ _____

CONVENIENCE FEE

Tax Amount		Fee
From	Through	Amount
\$0.00	\$500.00	\$6.00
\$500.01	\$1,000.00	\$12.00
\$1,000.01	\$2,000.00	\$22.00
\$2,000.01	\$3,000.00	\$29.00
\$3,000.01	AND UP	\$38.00