

Authorization for Credit/Debit Card Payment

If you want to make payment by a VISA or MasterCard credit/debit card, complete this authorization and return it to this office by fax or regular mail.

Case No.(s)

Phone

Signature of Defendant

Printed Name of Defendant

Credit Card: MasterCard VISA (MasterCard/Visa only)

Amount to be Charged: _____

I state that I am the Card Holder or authorized user of the below described credit/debit card and this is my authorization for a credit/debit card charge on my account as described below.

Card Number _____

CVV Number _____ Exp. Date _____

Card Holder Name _____

Signature of Card Holder/Authorized User

Printed Name