

CREDIT CARD AUTHORIZATION FOR PAYMENT OF TRAFFIC FINES

THIS FORM MUST BE COMPLETED IN FULL. THE INFORMATION CAN BE OBTAINED FROM THE ENCLOSED LETTER OR BY CONTACTING THE COURT AT 607-334-1224.

IF ANY AREAS ARE LEFT BLANK, IT WILL BE REJECTED.

DOCKET #	
DEFENDANT'S NAME	
CONVICTION CHARGE	
AMOUNT TO BE CHARGED TO YOUR CREDIT CARD	\$
CREDIT CARD TYPE (Select One)	___ VISA ___ MASTERCARD
CARD NUMBER	
EXPIRATION DATE	Month _____ Year _____
NAME ON CARD (Please print)	
SIGNATURE OF CARDHOLDER	

By signing this form I authorize the Norwich City Court to charge my credit card for the amount indicated above.

THIS ORIGINAL NOTICE MUST BE RETURNED WITH YOUR PAYMENT.