For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your Highlight Fields option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the Highlight Fields button that is on the far right side of the purple message bar.

CREDIT CARD AUTHORIZATION FORM

This form must be completed in full. If any information is missing, it will be returned to you. Do not fax this form as the court does not accept filing via fax. This original authorization must be mailed or delivered to the court. The court is required to have the original signature of cardholder on file.

NAME ON CARD:
(see important message below) _____

TYPE OF CARD: ☐ VISA ☐ MASTERCARD

CARD NUMBER: - - -

V-Code from signature strip:

Expiration Date: /

Daytime phone number for cardholder: ( ) -

Purpose: ***(check one)***
- ☐ Payment of fine/surcharge
- ☐ Payment of filing fees
- ☐ Certificate of Disposition fee

Amount to be charged: _____

Docket/Index No.:

I authorize the _____ Court to charge my credit card for the amount indicated above.

SIGNATURE OF CARDHOLDER: _____

*** * * * PLEASE READ BEFORE MAILING * * * ***

If the cardholder is not the defendant in a criminal/traffic matter or plaintiff/claimant in a civil matter, the cardholder must attach a copy of his/her photo driver's license or other photo I.D.

Individuals using corporate cards must provide documentation on company letterhead that they are authorized to use said card.