

PAYMENT FOR: _____
Defendant (Name of Person Charged)

TICKET / DOCKET NO. _____

ITHACA CITY COURT
118 E. CLINTON STREET
ITHACA, NY 14850
TELEPHONE 607-216-6660
FAX 607-240-5821
Email: IthacaCityCourt@nycourts.gov

CARD TYPE: _____ **VISA** _____ **MASTERCARD** _____ **DISCOVER**

EXPIRATION DATE ON CARD ____ / ____

CARD #: _____

THREE DIGIT SECURITY CODE LOCATED ON BACK OF CARD _____

AMOUNT AUTHORIZED TO BE DEDUCTED _____

PRINT NAME AS ISSUED ON CARD

SIGNATURE OF CARDHOLDER

DAY PHONE # OF CARDHOLDER (____) _____ - _____ EMAIL _____

***IF CARDHOLDER IS OTHER THEN THE DEFENDANT, SUBMIT A CLEAR
PHOTOCOPY OF PHOTO IDENTIFICATION W/SIGNATURE (I.E. DRIVER'S
LICENSE)***