

CREDIT CARD AUTHORIZATION FORM

THIS FORM MUST BE COMPLETED IN FULL. If any information is missing - it will be returned to you.

FOR FILINGS - THE COURT WILL ASSIGN AN INDEX # AND NOTIFY YOU OF THAT NUMBER. PLEASE REFER TO THE APPLICATION FOR THE FILING FEE OR CALL THE COURT AT 607-432-4480 BETWEEN THE HOURS OF 8:00 AM AND 3:45 PM

PAYMENT OF FINES/SURCHARGES: PLEASE ENTER THE DOCKET NUMBER FROM YOUR NOTICE

CERTIFICATE/SEARCH FEES: PLEASE REFER TO THE PACKET FOR DETAILS ON THE FEE OR CALL THE COURT AT 607-432-4480 BETWEEN THE HOURS OF 8:00 AM AND 3:45 PM.

NAME ON CARD:*	
TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
CARD NUMBER ____ / ____ / ____	
V-CODE FROM SIGNATURE STRIP:	DAYTIME TELEPHONE NUMBER FOR CARDHOLDER:
EXPIRATION DATE:	
DEFENDANT or CASE NAME	DOCKET or INDEX NO.
	Amount \$ _____
SIGNATURE OF CARDHOLDER:	

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

***INDIVIDUALS USING CORPORATE CARDS MUST PROVIDE DOCUMENTATION ON COMPANY LETTERHEAD THAT THEY ARE AUTHORIZED TO USE SAID CARD.**

***IF THE CARDHOLDER IS NOT THE DEFENDANT IN A CRIMINAL OR TRAFFIC MATTER, THE CARDHOLDER MUST ATTACH A COPY OF HIS/HER PHOTO DRIVER'S LICENSE OR OTHER PHOTO I.D.**

THIS **ORIGINAL AUTHORIZATION** MUST BE RETURNED BY MAIL TO:

Oneonta City Court
Public Safety Building, 81 Main Street,
Oneonta, NY 13820