

CREDIT CARD AUTHORIZATION

TYPE OF CARD: __ VISA __ MASTERCARD

EXPIRATION DATE: _____ SECURITY CODE: _____
3 digit # on back of card

CARDHOLDER NAME: _____
Print Name as it Appears on Card

DEFENDANT NAME: _____
Print Name of Defendant if different than cardholder

CARD NUMBER: _____ - _____ - _____

CARD BILLING ADDRESS: _____ ZIP _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I hereby accept the fine amount(s) imposed by the Town of Caroline Court and authorize payment thereof on the above noted credit/debit card. I have been informed that should the bank reject this transaction, a suspension will be issued without further notice.

Signature of card holder

Date

SUBMIT TO COURT:

MAIL OR IN PERSON:
Town of Caroline Court
P.O. Box 121
2670 Slaterville Road
Slaterville Springs, NY 14881
607-539-7796

VIA FACSIMILE:

607-539-7796

Note: May be sent via email to: carolinetowncourt@yahoo.com as an attachment with scanned copy of this form with signature.

FOR COURT USE ONLY

Judge: __ HAP __ PLG
Date Processed: _____
Record Number: _____
Authorization Number _____