

Credit Card / Bank Card Authorization Form

Select One: Credit Card
 Bank Card

Select One: Discover
 MasterCard
 Visa
 American Express

Authorized Amount: \$ _____

There is a non-refundable service fee per transaction for credit card payment services. Please see the forms fee page for more details.

Account#: _____

CVV Code: _____ (three or four digit code located on back of card)

Expiration Date: _____

Cardholder Information

Name: _____

Traffic Citation #: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder / Authorized Signature: _____

Unsigned or Incomplete authorization forms will not be processed. Please print clearly and fill in all blanks.