

**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.**