

One Time Credit Card Payment Authorization Form

By signing this form you give Arcade Court permission to debit your account, for the amount listed, before or on the indicated date. This is permission for a single transaction only.

PLEASE COMPLETE THE INFORMATION BELOW:

I, _____, authorize Arcade Court to charge my credit card account indicated below for \$ _____. This payment is for fines/fees associated with court case # _____.

Mailing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	American Express <input type="checkbox"/>	Discover <input type="checkbox"/>
(check one box)			
Cardholder Name _____	_____		
(print-first, middle, last)			
Account Number _____	_____	_____	_____
Expiration Date _____	_____	Zip Code of Billing Address _____	_____
(month, year)			

***** A SERVICE FEE OF 2.99% OF THE PAYMENT WILL BE ASSESSED ON ALL TRANSACTIONS *****

I authorize Arcade Court to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am the authorized user of the card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ **DATE** _____