

## CREDIT / DEBIT CARD AUTHORIZATION FORM

To: Clerk, Rocky River Municipal Court

Fax No: (440) 356-5613

Regarding (if applicable):

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Dear Clerk's Office Representative:

Please charge my credit / debit card in the amount of \$ \_\_\_\_\_ in payment of fees for the following Court costs / service (s): [Identify document to be filed or other service to be performed by the Clerk's Office for which a fee is assessed.] \_\_\_\_\_

\_\_\_\_\_

Circle One: MasterCard

Visa

Credit / Debit Card Number: \_\_\_\_\_

Card Code No. **REQUIRED** (7 digit number in signature area on back of card): \_\_\_\_ - \_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Telephone No. of Person Submitting This form: \_\_\_\_\_