



STATE OF NEW YORK
OSWEGO CITY COURT
FIFTH JUDICIAL DISTRICT
 CONWAY MUNICIPAL BUILDING
 20 WEST ONEIDA ST, 2ND FLOOR
 OSWEGO, NEW YORK 13126
 (315) 207-7251
 FAX: (315) 266-4752
 OSW_CITY_CT@nycourts.gov

JAMES M. METCALF
 CITY COURT JUDGE

DAVID J. ROMAN
 CITY COURT JUDGE

CREDIT CARD AUTHORIZATION

DEFENDANT OR PLAINTIFF/CLAIMANT'S NAME: _____

CREDIT CARD: VISA ___ MASTERCARD ___ DISCOVER _____

EXPIRATION DATE: _____

CARD HOLDER: _____ ***
 (Print name as it appears on card)

CARD NUMBER: _____ CCV# _____ (3 DIGIT NUMBER ON BACK OF CREDIT CARD)

EMAIL ADDRESS: _____

I hereby accept the fee of _____ imposed by the Court and authorize payment thereof on the above-noted credit card.

NOTE: Should a bank reject your transaction, a default judgment will be issued without further notice and your license will be suspended.

 Signature as it appears on card. _____ phone number with area code

*****MUST PROVIDE A COPY OF THE CARDHOLDER'S PHOTO ID WITH ALL PAYMENTS**