

**CREDIT CARD AUTHORIZATION FORM**

\_\_\_\_\_ SURROGATE'S COURT  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SURROGATE

PHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

DATE: \_\_\_\_\_, 20\_\_

NAME: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FILE NAME: \_\_\_\_\_

FILE NO: \_\_\_\_\_

AMOUNT OF FILING: \$ \_\_\_\_\_

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New York State Surrogate's Courts will only accept VISA or MasterCard credit card payments. Use of credit or debit card payments require the submission of an authorization signed by the payee or a duly authorized representative of the payee organization, therefore no telephone credit card transactions can be accepted, except by fax or e-mail. To do so, complete the credit card authorization below and submit this entire form.  
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Check as appropriate:

Credit or Debit Card\* (Check One): VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit or Debit Cardholder: \_\_\_\_\_  
Print Clearly - Exactly as appears on card

Credit or Debit Card Number: \_\_\_\_\_

CV2 Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* Debit Cards without the VISA or MasterCard Logo will NOT be accepted. Debit cards with the VISA or MasterCard logo will be processed as a credit card.

I hereby pay the fee amount as set by Section 2402 of the Surrogate's Court Procedure Act or CPLR Section 8018 and authorize payment thereof via the above-noted credit/debit card. I understand that this authorization will remain in effect until revoked by the payee.

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

Credit/Debit card transactions rejected by your bank for failure to submit all required information will result in return charge of \$20 which will be added to the outstanding balance.