

CREDIT CARD AUTHORIZATION FOR PAYMENT OF FINES and SURCHARGES

THIS FORM MUST BE COMPLETED IN FULL. INFORMATION REGARDING THE DOCKET NUMBER AND FINE AMOUNT CAN BE OBTAINED FROM THE COURT BY CALLING BETWEEN THE HOURS OF 8:00 A.M. AND 4:00 P.M.

DEFENDANT'S NAME				DOCKET NUMBER			
AMOUNT \$		TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		EXP DATE		___/___	
CARD NUMBER (16 DIGITS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME ON CARD				SIGNATURE OF CARDHOLDER			
EMAIL @				DAYTIME TEL. NO. () -			

I authorize the Oneonta City Court to charge my credit card for the amount indicated above. **If the cardholder is other than the individual paying the fine, the cardholder must attach a copy of his/her photo driver's license or other photo I.D.**

THIS ORIGINAL NOTICE MUST BE RETURNED BY MAIL OR FAX TO:

Oneonta City Court
 Public Safety Building, 81 Main St.
 Oneonta, NY 13820
 Fax: 607.432.2328