

## 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

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

I authorize the Lockport 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:

LOCKPORT CITY COURT  
MUNICIPAL BUILDING  
ONE LOCKS PLAZA  
LOCKPORT, NY 14094

FAX NUMBER: 716-439-6684