

PAYMENT FORM FOR MASTERCARD OR VISA

DEFENDANT NAME: _____ **DOB** _____

ADDRESS: _____

PHONE: _____

DOCKET NUMBER(if known) _____

Card Holder: _____ Address _____ Zip Code _____
(Print Name as it Appears on Card) (If Different From Above) (If Different From Above)

Account Number: _____ Expiration Date: _____ CVA Number _____
(3 digits on reverse of card)

I hereby accept the fine amount(s) imposed by the Court and authorize payment thereof on the above credit card. **Note: Should a bank reject your transaction a suspension will be issued without further notice.**

Signature: _____ Date: _____

Please mail to PO Box 6
Shandaken NY 12480 *or*

by facsimile to 845-688-5348