VISA/MASTERCARD AUTHORIZATION FORM

I hereby authorize payment in the amount shown below to my VISA/MasterCard/Discover account.

Case No. (if known) _____

Defendant's name (please print) _____

☐ I hereby authorize a one-time payment in the amount shown below to my VISA/MasterCard/Discover account.

☐ I hereby authorize my court-ordered monthly payment in the amount of $_____ to be charged to my MasterCard/VISA/Discover account on the 3rd Wednesday of each month. **[Applies only to cases that have been heard in court and the Judge/Magistrate authorized a monthly payment plan.]**

VISA/MASTERCARD Account Number	Expiration Date		Authorized Amount
			$

Phone Number (_____) _____ Signature _____

Name of Cardholder _____
(Please Print)

FAX the completed form to (419) 352-9407, 24 hours a day.

ADDITIONAL INSTRUCTIONS FOR PAYMENT OF A NEW TICKET: You must include a copy (front and back) of your signed ticket, and Proof of Insurance for traffic offenses (if not shown to the officer on the road).