Town of Pound Ridge
Justice Court

PLEASE COMPLETE THE FOLLOWING FOR CREDIT CARD PAYMENTS

DATE:_____ CASE NUMBER:_____

DEFENDANT'S NAME:_____

DEFENDANT'S ADDRESS:_____

_____

PHONE NUMBER:_____

CHARGE(S):_____

TOTAL AMOUNT DUE: $_____

TICKET NUMBER(S) (If available):_____

CREDIT CARD TYPE: *VISA* _____ *MASTERCARD* _____

EXPIRATION DATE:_____ 3-DIGIT SECURITY CODE:_____
(On Back of card)

CREDIT CARD NUMBER:_____

CARD HOLDER NAME:_____
*(CLEARLY **PRINT** NAME AS IT APPEARS ON CARD)*

*I HEREBY ACCEPT THE FINE(S), SURCHARGE(S) AND/OR FEE(S) NOTED ABOVE, IMPOSED BY THIS COURT FOR THE ABOVE-REFERENCED DEFENDANT. I FURTHER AUTHORIZE PAYMENT TO THE CREDIT CARD LISTED ABOVE. NOTE: SHOULD THE BANK REJECT YOUR TRANSACTION, YOUR DRIVING PRIVILEGE WILL BE **SUSPENDED** IMMEDIATELY BY THIS COURT.*

CARD HOLDER SIGNATURE:_____
*(CLEARLY **SIGN** NAME AS IT APPEARS ON CARD)* ***CARDHOLDER MUST SIGN THIS FORM***

BELOW CARDHOLDER MUST AUTHORIZE USE OF THEIR CARD FOR ANOTHER PERSON. ALSO, YOU MUST SUBMIT A COPY OF SIGNATURE IDENTIFICATION. (EXAMPLE: DRIVER'S LICENSE, PASSPORT, ETC.) Please provide if cardholder is NOT above-named defendant.

CARDHOLDER'S NAME/PHONE:_____

CARDHOLDER'S ADDRESS:_____

Pound Ridge Justice Court, 179 Westchester Avenue, Pound Ridge, NY 10576
Court Clerk ~ Sonia Mercado-Jimenez
TELEPHONES: 914-764-3983 or 3984 ~ FAXES: 914-764-3990 or 0102