

Credit/Debit Card Authorization Form - *TRAFFIC*

To pay with Visa, Master Card or American Express, this form must be completed and returned with the proper documents - INCLUDING A PHOTO COPY OF THE CARDHOLDER'S DRIVERS LICENSE. IF YOU DO NOT INCLUDE A COPY OF THE DRIVERS LICENSE, YOUR TRANSACTION WILL NOT BE PROCESSED.

Item to be paid for (i.e. ticket #, copies): _____

Defendant's Name/Address:

Cardholders Name/Address (if different from defendant):

Telephone No: _____

I hereby authorize the St. Johns county Clerk of Courts to charge my credit/debit card:

Card No: _____

Expiration Date: _____ V-code _____*

Dollar amount authorized \$ _____ (*cardholder must complete*)

Cardholder Signature: _____

Date: _____

*V-code is the 3 digit number on the back of the card or 4-digit on the front of the American Express card.

Fax to: (904) 819-3691 *Traffic Department Only*

Mail: St. Johns County Clerk of Courts
Attn: Traffic
4010 Lewis Speedway, St. Augustine, FL 32084