

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT ALL INFORMATION

PHONE (937) 440-3910

FAX (937) 440-3911

To: Clerk, Miami County Municipal Court Date _____

Case Name (Defendant): _____

Case Number: _____

Clerk's Office Representative:

Please charge my credit card in the amount of \$ _____ in payment of fees for the following: _____

(Identify charges for which a bond was ordered)

Circle One: MasterCard Discover Visa

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Billing Address: _____

Telephone Number: _____

Cardholder Signature: _____

Date: _____ Clerk's Name (Printed): _____

Next Court Appearance Date / Time: _____

NO RECEIPT WILL BE SENT – YOU CAN CHECK OUR WEBSITE TO SEE IF YOUR PAYMENT HAS BEEN RECEIVED – WWW.CO.MIAMI.OH.US/MUNI/INDEX.HTM