

CREDIT / DEBIT CARD AUTHORIZATION FORM

To: Clerk, Miami County Municipal Court

Fax No.: (937) 440-3911

Regarding (if applicable):

Case Name: _____

Case Number: _____

Dear Clerk's Office Representative:

Please charge my credit / debit card in the amount of \$_____ in payment of fees for the following court cost/service(s):

(Identify document to be filed or other service to be performed by the Clerk's Office for which a fee is assessed.)

Circle One:	MasterCard	_____	Visa	_____
Credit / Debit Card Number:	_____			
Expiration Date:	_____			
Name of Cardholder:	_____			
Billing Address:	_____			

Telephone No.:	_____			
Fax No.:	_____			
Cardholder Signature:	_____			
Date:	_____			
Name & Telephone No. of Person Submitting this Form:	_____			