

**CREDIT CARD AUTHORIZATION FORM**

Please *PRINT* All Information  
PH (937) 440-3910 FAX (937) 440-3911  
[www.courts.miamicountyohio.gov](http://www.courts.miamicountyohio.gov)

To: Clerk, Miami County Municipal Court Date \_\_\_\_\_

\*Defendant: \_\_\_\_\_

Case No.: \_\_\_\_\_ Citation No.: \_\_\_\_\_

Please charge my Credit Card in the amount of \$\_\_\_\_\_ in payment for the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Identify what payment is for: ie. Bond, Waiver, Fines and Costs)

Next Court Appearance Date / Time: \_\_\_\_\_

\*Circle One:                      MasterCard                      Discover                      Visa

\*Credit Card No.: \_\_\_\_\_ \*3 Digit CVV2 Code \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_

\*Name of Cardholder: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_  
\_\_\_\_\_

\*Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

\*Cardholder Signature: \_\_\_\_\_

Date Recv'd: \_\_\_\_\_ Deputy Clerk: \_\_\_\_\_

**NO RECEIPT WILL BE FAXED OR MAILED**  
**Check the court website to verify payment has been processed**

\*Required Field