

CREDIT CARD AUTHORIZATION FOR PAYMENTS

DENTON COUNTY DISTRICT CLERK –

Please print in a legible manner

Case Information:

*Party's Name: _____

*Party's Cause Number: _____

*Amount to be paid: \$ _____

*Purpose for payment: _____

Credit Card Holder Information:

*Name on credit card: _____

*Credit Card billing address: (include zip code) _____

*Phone Number: _____ Fax Number: _____

*Payment Method: _____ Master Card _____ Visa _____ Discover

*Account Number: _____ *Expiration Date: _____

*Security Code from back of card : _____ (3 digits)

*Driver's License Number: (include state) _____

*Printed Name of Authorized Person: _____

* Authorized signature: _____

*** REQUIRED INFORMATION**

Return this completed form to the Denton County District Clerk's Office at the address below or fax to: **940-349-2201** for Civil or Family payments or **940-349-2211** for Criminal payments. If you do not know your case number, you may go to the following website and search by name: <http://justice.dentoncounty.com/> . If this form is not completed, we will be unable to process your payment.

NOTE: There is a 5% convenience fee on the total amount paid, which is charged by the credit card company.