

**CREDIT/DEBIT CARD AUTHORIZATION FORM
MASON MUNICIPAL COURT**

To: Clerk, Trip H. H. Bodley

Mason Municipal Court, Violations Bureau

Fax No: 513-459-8085

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 costs/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:

Visa

MasterCard

Discover

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: _____
