

Name: _____ Cause #: _____

- In Person
- Credit Card
- MasterCard
- By Phone
- Debit Card *
- Visa
- By Mail / Fax

Payment Amount: \$ _____ Authorization Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Deputy Clerk: _____ Date/ Time: _____

* Debit Cards can only be used In Person so customer can type in PIN number. If By Phone or By Mail/ Fax, Debit Cards can only be processed as MasterCard or Visa payments.

Second Payment method

Name: _____ Cause #: _____

- In Person
- Credit Card
- MasterCard
- By Phone
- Debit Card *
- Visa
- By Mail / Fax

Payment Amount: \$ _____ Authorization Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Deputy Clerk: _____ Date/ Time: _____

* Debit Cards can only be used In Person so customer can type in PIN number. If By Phone or By Mail/ Fax, Debit Cards can only be processed as MasterCard or Visa payments.