

CREDIT CARD AUTHORIZATION FOR PAYMENT OF FINES  
(PLEASE PRINT)

CARDHOLDER

Name: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Defendant's Name If Not Cardholder: \_\_\_\_\_

Case Number/Citation Number: \_\_\_\_\_

*I Authorize the Lake Havasu Consolidated Court to Charge the above Credit Card*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_