

**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:** _____