CREDIT CARD AUTHORIZATION

Please complete all fields.

BILLING INFORMATION	
ADDRESS	
CITY, STATE, ZIP	
PHONE #	**EMAIL**

CREDIT CARD INFORMATION		
☐ **MASTERCARD** ☐ **VISA** ☐ **DISCOVER** ☐ **AMERICAN EXPRESS** ☐ **OTHER**		
CARDHOLDER NAME		
CARD NUMBER		
EXPIRATION DATE (MM/YYYY)	**SECURITY CODE**	**BILLING ZIP**

Amount $_____

There will be a 2.35% Certified Payments convenience fee for all transactions, with a $2.00 minimum. The convenience fee is subject to change without notice.

I authorize Rockwall County Clerk's Office to charge the credit card indicated in this form according to the terms outlined above. This payment authorization is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE_____ DATE_____