

Credit/Debit Card Authorization Form - Traffic
St Johns County Clerk of Courts

To pay with Visa, Master Card or American Express, this form must be completed and returned to the St Johns County Clerk of Courts.

Item to be paid for (i.e. ticket #, copies): _____

Defendant's Name/Address:

Cardholders Name/Address (if different from defendant):

Telephone No: _____

I hereby authorize the St. Johns county Clerk of Courts to charge my credit/debit card:

Card No: _____

Expiration Date: _____ V-code _____ *

Dollar amount authorized \$ _____ (cardholder must complete)
A convenience fee will be added to your authorized amount in accordance with the Clerk's merchant services vender's fee schedule found on our website at www.sjccoc.us in the financial section, clerk's fees.

Cardholder Signature: _____

Date: _____

Please send payment confirmation to my email address:

*V-code is the 3 digit number on the back of the card or 4-digit on the front of the American Express card.

Fax to: Traffic 904-819-3691

Mail: St. Johns County Clerk of Courts, 4010 Lewis Speedway, St. Augustine, FL 32084