

CREDIT CARD PAYMENT AUTHORIZATION

**BILL KINSAUL CLERK OF COURT & COMPTROLLER BAY
COUNTY FLORIDA**

Name: _____

Case Number: _____

Transaction # _____ **(for internal use)**

PAYMENT INFORMATION:

PAYMENT AMOUNT \$ _____

METHOD OF PAYMENT (Check One)

___ MASTERCARD ___ VISA ___ DISCOVER ___ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRES: ____/____ C.V.V. (3 Digits on Back): _____

BILLING ADDRESS:

SIGNATURE OF CARD HOLDER: _____

PLEASE PRINT ABOVE NAME: _____

CONTACT INFORMATION:

DAY PHONE (____) _____ - _____

EMAIL: _____

**THERE IS A NON-REFUNDABLE CHARGE OF 3.5%
PER TRANSACTION TO PROVIDE THIS SERVICE.
THIS SERVICE FEE IS CHARGED BY OUR FINANCIAL
SERVICES PARTNER FLORIDA LOCAL INTERACTIVE.**

THE CLERK'S OFFICE DOES NOT KEEP ANY PART OF THIS FEE.

***ONLY DEBIT CARDS WITH THE VISA OR MASTERCARD LOGO
ARE ACCEPTED. CREDIT CARD – VISA, MASTERCARD, AMERICAN EXPRESS
OR DISCOVER LOGO ARE ACCEPTED. ***