

*TOWN JUSTICE COURT  
TOWN OF POESTENKILL*

P.O. Box 164  
Poestenkill, New York 12140-0164  
Tel.: (518) 283-5100 ext. 105  
Fax: (518) 283-8821

**CREDIT CARD AUTHORIZATION FORM**

*We do not accept payments by phone or email*

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OR

CASE NO:(as found on your fine notice)\_\_\_\_\_

Please be sure to include this number on your payment so that your payment is properly credited.

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*If paying by mail, and you wish a receipt, please include a self-addressed stamped envelope.*

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**TO PAY BY CREDIT CARD, FILL OUT THIS AUTHORIZATION FORM AND SUBMIT THIS ENTIRE FORM FOR PROCESSING AND PLEASE PRINT CLEARLY! SUBMIT BY FAX OR MAIL ONLY. WE CANNOT ACCEPT BY PHONE OR EMAIL.**

\*NOTE: Should a bank reject your transaction, or you fail to submit all required information it will result in a default judgment being issued without further notice

**NOTICE OF CREDIT CARD SERVICE FEE: A service fee of 2.99% of the payment amount will be assessed on all credit card payments. Payments may continue to be made by cash or by a cashier/certified check without imposition of a service fee.**

**Note that neither the municipality nor the court receives any portion of the service fee. If you use a credit card, there will be two transaction receipts generated, one for the court fine and one for the service fee.**

Credit Card (check one): \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard    Amount: \$ \_\_\_\_\_

Credit Cardholder Name: \_\_\_\_\_

Print exactly as appears on card and **MUST** submit clear photocopy of a picture ID (Driver License)

**I hereby accept the fine amount(s) imposed by the Court and the 2.99% service fee and authorize payment thereof on the below noted credit card. The cardholder must sign in order for the payment to be processed.**

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

Phone # \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp Date: \_\_\_\_\_

**CVV Code** (3 digit security code) \_\_\_\_\_