

# Town of Martinsburg Court

5405 Cemetery Rd.

P O Box 16

Martinsburg, New York 13404

[MartinsburgTownCourt@nycourts.gov](mailto:MartinsburgTownCourt@nycourts.gov)

Lacey E. Northrup  
Justice

Phone: 315-377-3099

Fax: 315-266-4427

## Credit Card Payment Authorization Form

**CREDIT CARD PAYMENTS ARE ACCEPTED IN PERSON OR VIA FAX, MAIL, COURTHOUSE DROP BOX, AND EMAIL AT [MartinsburgTownCourt@nycourts.gov](mailto:MartinsburgTownCourt@nycourts.gov) ONLY - NO PHONE PAYMENT PERMITTED. THE COURT ONLY ACCEPTS VISA AND MASTERCARD AT THIS TIME. PLEASE BE ADVISED, IF YOU PAY WITH A CREDIT CARD A 2.99% SERVICE FEE (HEREINAFTER "SERVICE FEE") WILL BE CHARGED TO YOUR CARD AS A SEPARATE TRANSACTION, SO YOUR ACCOUNT WILL REFLECT TWO TRANSACTIONS FOR THIS PAYMENT (ONE FOR THE FINE AND SURCHARGE, AND ONE FOR THE SERVICE FEE).**

### Case Information:

Defendant's Name: \_\_\_\_\_

Case No. or Ticket No.: \_\_\_\_\_

Fine Amount: \_\_\_\_\_ Surcharge Amount: \_\_\_\_\_ Scoff Fee (if any): \_\_\_\_\_

**Cardholder Information** (*you must attach a photocopy of your driver's license, if you are not the defendant named above*):

Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ (*check one*)

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

CV Code: \_\_\_\_\_ (*3 digit code on the back of your card*)

Card Holder Name: \_\_\_\_\_  
(*print name as it appears on your credit card*)

Card Billing Address & Zip Code: \_\_\_\_\_

Card Holder Telephone: \_\_\_\_\_

I hereby accept the fine(s), surcharge(s), scoff fees(s) (if any), and 2.99% service fee imposed by the Court and authorized payment thereof on the above-referenced credit card. NOTE: Should a bank reject your transaction, the Court may issue a suspension without further notice.

\_\_\_\_\_  
Signature (*must match credit card*)