Utah County Justice Court Credit Card Authorization Form



Date:	-							AL C	EST STATE	
This payment is in refe	rence to:									
Case/Docket No	or C	or Citation #								
Defendant's Name:										
Payment Amount \$										
Card Type (select one):	□ Visa	□ Mas	ster Ca	ard						
Name as it appears on the	ne Card (pleas	e print clea	arly):		Pho	one N	lo.			
Card No.										
Expiration Date Month	/ / Year	_								
I hereby authorize the Ut	ah County Jus	tice Court	to pro	oces	s this t	ransa	actio	n.		
Signature (required):								-		
Fax form and photo ID to:	(801) 851-720 receive this au)
Mail form and photo ID to:	151 South Ún Provo, Utah 8 - It is yo	iversity Ave	e., Sui ibility t	to ma	ake sure				200)	

Payment will **not** be credited unless this form is filled out completely and accurately. You must fill out this form each time you make a credit card payment