Municipal Court

Credit Card Authorization Form
2218 15th Street Gulfport, MS 39501
Telephone: 228. 868.5855
Fax: 228.868.5744

I, the undersigned, do hereby authorize a credit card payment in the amount of $_____._____ to the Municipal Court for the City of Gulfport, Mississippi, to be credited to the account of the Defendant named below. By signing below, I certify I am authorized to make charges upon the credit card identified below and that the correct name and address, as it appears on the Credit Card Account, is listed below. I further understand and agree that credit to the Defendant's Municipal Court Account(s) will not be given until the credit card issuer accepts the charge request and provides a transaction authorization number to the Municipal Court.

Defendant Name: _____

Credit Card Number: _____

CVV (three digit code from the back of the card)_____

Credit Card Type: (circle one) Visa MasterCard

Expiration Date: _____ _____

(Month) (Year)

Account Name: _____

Account Address: _____

_____

Authorized Signature: _____ Date: _____

Printed Name: _____

Address: _____

_____

Telephone: (_____) _____

(FOR COURT USE ONLY)

Clerk: _____ Date: _____ Authorization: _____

Defendant Name: _____ Amount Credited _____._____

Docket # (s) Applied: _____ Control # _____

Docket # (s) Applied: _____ Control # _____

Docket # (s) Applied: _____ Control # _____