Gulfport 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 up 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: _____ Date of Birth: _____

Credit Card Number: _____

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

Credit Card Type: (circle one) Visa MasterCard Discover Amex

Expiration Date: _____ _____

(Month) (Year)

Cardholder's Name: _____

Cardholder's Address: _____

_____

Telephone No: (_____) _____

A service fee of 3.5% will be applied to the total charge. All service fees charged on debit/credit transactions are retained by the payment processing company and will show as "AMS*Service Fee" on your cardholder statement. All service fees are NON-REFUNDABLE. The City of Gulfport does not charge or retain any credit card transaction fees. _____ (CARDHOLDER INITIAL HERE)

Authorized Signature: _____ Date: _____

(FOR COURT USE ONLY)

Clerk: _____ Date: _____Authorization: _____

Defendant Name: _____ Amount Credited: _____._____

Docket # (s) Applied: _____ Control # _____

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