

WILTON TOWN COURT

20 Traver Road
Gansevoort, New York 12831
Phone: 518-587-1980
Fax: 518-583-6443

Gerald A. Worth
Town Justice

David R. Towne
Town Justice

DEBIT/ CREDIT CARD AUTHORIZATION FORM

Please complete this form with the necessary information for use of a credit card to reinstate your New York State driving privileges. **Please fill out ALL information.**

CREDIT CARD TYPE: VISA ____ MASTERCARD ____

***A service fee of 2.99% of the payment amount will be assessed on all debit/credit card payments.**

EXPIRATION DATE: ____/____

THREE CHARACTER CODE: _____

*This code can be found on the back of your credit card. It is the last three digits above your signature.

CARD HOLDER: _____
(Print Name As It Appears On Card)

CARD NUMBER: _____

SIGNATURE AS IT APPEARS ON CARD: _____

PHONE NUMBER: (____) _____

DEFENDANT'S: _____
MAILING _____
ADDRESS _____

CARD HOLDER'S: _____
MAILING _____
ADDRESS _____
(if different _____
from defendant _____

I hereby enter a plea of guilty and authorize payment of \$ _____ (U.S. Funds)

(Defendant's Name-Please print)

(Signature of defendant)

(Date)

OR

I hereby enter a plea of not guilty and authorize payment of \$ _____ (U.S. Funds) and am requesting a new court date.

(Defendant's Name-Please print)

(Signature of defendant)

(Date)