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NOTES:

REQUEST COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ

**SANTA CRUZ BRANCH**  
**701 Ocean Street**  
**Santa Cruz, CA 95060**



**WATSONVILLE BRANCH**  
**1 Second Street**  
**Watsonville, CA 95076**

## ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize the Superior Court of Santa Cruz County to make a one-time debit to your credit card as listed below.

By signing this form, you give the Court permission to debit your account for the amount indicated on or after the indicated date plus a transaction processing fee (approx. 1.99% subject to periodic rate change). This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**\*This form may be used for copy and research requests and payment of filing fees in non-criminal cases. It will not be accepted for payment of criminal or traffic fines.**

**Please complete the information below:**

I \_\_\_\_\_ hereby authorize the Superior Court of Santa Cruz County to charge my credit card  
 (full name)

account indicated below for \_\_\_\_\_ plus the court's transaction processing fee (approx. 1.99% subject to periodic  
 (dollar amount or NTE amount)

rate change) on or after \_\_\_\_\_.  
 (date)

This payment is for \_\_\_\_\_.  
 (Include case number and/or reason for payment)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Number \_\_\_\_\_

I hereby authorize the Superior Court of Santa Cruz County to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the case and/or a service described above and only for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

☐ Authorization received over the telephone by \_\_\_\_\_, deputy clerk