

# JUSTICE COURT OF BRONXVILLE

George C. McKinnis  
Chief Village Justice

200 PONDFIELD ROAD  
BRONXVILLE, NEW YORK 10708

George R. Mayer  
Village Justice

Kelly A. DeSimone  
Court Clerk

Phone: (914) 337-2454

Fax (914) 337-6751

**THIS FORM MUST BE COMPLETED IN FULL AND MAILED OR FAXED - WE DO NOT TAKE PAYMENTS ON-LINE.** If any information is missing - it will be returned to you.

PLEASE FILL IN YOUR TICKET NUMBER OR CASE NUMBER IN THE SPACE PROVIDED.

|   |        |                                    |
|---|--------|------------------------------------|
| <b>NAME AS IT APPEARS ON CARD:</b>  |        |                                    |
| TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD |        | EXP DATE: ____ / ____<br>(MM) (YY) |
| * CARD NUMBER: ____ / ____ / ____ / ____  |        |                                    |
| VCODE from signature Strip: ____<br>(Three digit security code on back of card) |        | DAYTIME<br>PHONE                   |
| DEFENDANT, VEHICLE<br>OWNER OR CASE NAME:                                       |        |                                    |
| STREET ADDRESS:   |        |                                    |
| CITY:   | STATE: | ZIP:                               |
| AMOUNT: \$  |        | TICKET, CASE<br>OR DOCKET #:       |
| ** SIGNATURE OF CARDHOLDER:   |        |                                    |

I HEREBY ACCEPT THE FINE AMOUNT(S) IMPOSED BY THE COURT AND AUTHORIZE PAYMENT THEREOF ON THE ABOVE-NOTED CREDIT CARD. A SERVICE FEE OF 2.99% OF THE PAYMENT AMOUNT WILL BE ASSESSED ON **ALL** CREDIT CARD PAYMENTS. PAYMENTS MAY CONTINUE TO BE MADE BY CASH, CHECK OR MONEY ORDER WITHOUT IMPOSITION OF A SERVICE FEE.

**\* NOTE:** Should a bank reject your transaction, or you fail to submit all required information, you may be subject to a default judgment being issued without further notice.

INDIVIDUALS USING CORPORATE CARDS MUST PROVIDE DOCUMENTATION ON COMPANY LETTERHEAD THAT THEY ARE AUTHORIZED TO USE SAID CARD.

**\*\*IF OTHER THAN THE DEFENDANT, PLEASE SUBMIT A CLEAR PHOTOCOPY OF A PICTURE ID WITH SIGNATURE. (I.E. DRIVER'S LICENSE).**

THIS ORIGINAL AUTHORIZATION MUST BE RETURNED BY MAIL OR FAX TO:

The Bronxville Justice Court  
200 Pondfield Road  
Bronxville, NY 10708  
Fax (914) 337-6751