

**St. Mary Parish Clerk of Court**  
P.O. Box 1231, Franklin, Louisiana 70538  
Phone: 337-828-4100 Ext. 200 Fax: 337-828-2509 Fax

**One Time Credit Card Payment Authorization Form**

Complete and sign this form to authorize the St. Mary Parish Clerk of Court to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to charge your account for the amount indicated on or after the date indicated. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ (your full name) authorize the St. Mary Parish Clerk of Court to charge my credit card account indicated below for **the fees associated with my request plus a 2.50% processing fee** on the date of \_\_\_\_\_ (today's date). Note: Credit card payments may be processed on the next business date depending on the time of day this request is received in the Clerk's Office. This payment is for services as requested by the said person.

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

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

• **REQUEST:**

- Background Check - \$20.00 each name                       Minute Entry - \$15.00 each
- Copies - \$2.00 per page *(Additional charges apply for certification of copies. See below)*
- Non-Recorded** Document Certification - \$5.00 ea.     **Recorded** Document Certification Fee - \$10.00 ea.
- Mortgage/Clear Lien/UCC Certificate: \$\_\_\_\_\_     Recording Fees: \$\_\_\_\_\_
- Fee Account Payment: \$\_\_\_\_\_     Other: \_\_\_\_\_ \$\_\_\_\_\_

• **CIVIL**

- Advance Court Costs \$\_\_\_\_\_                      Docket Number: \_\_\_\_\_
- Court Costs Owed \$\_\_\_\_\_                      Docket Number: \_\_\_\_\_

• **How will you receive the requested documents? \*NOTE: ADDITIONAL CHARGES MAY APPLY\***

- Pick-up from Clerk's Office (no charge)
- Mail to:     address above     different address \_\_\_\_\_
- E-mail: \_\_\_\_\_ or Fax: \_\_\_\_\_ *(Additional \$5.00 to email or fax)*
- \*\*If E-mail or Fax is chosen, the document WILL NOT be a certified document**

Account type:     Visa                       MasterCard                       AMEX                       Discover

Cardholder Name: \_\_\_\_\_  
(Name as it appears on card)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_                      Security Code: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card, and I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.