

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: _____
Must be signed by hand. Computer Generated Signatures will not be accepted.

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.