PAYMENT FORM

Complete this form when making a payment in order to satisfy your citation(s).

- Mail the yellow citation or a copy with this form to:

  CLERK OF COUNTY COURTS, TRAFFIC COURTS DIVISION
  P.O. BOX 02-5450,
  MIAMI, FL 33102-5450
- You may pay by check, money order, VISA, or MASTERCARD in U.S. funds. Please make check or money order payable to CLERK OF COURTS. Do not send cash.
- To avoid late fees and the suspension of your driver's license your payment must be received in this office WITHIN 30 DAYS of the issue date of the citation.

PLEASE PRINT

_____
LAST NAME FIRST NAME MIDDLE NAME

_____
STREET ADDRESS APT. #

_____
CITY STATE ZIP CODE

( )
_____
AREA CODE TELEPHONE NUMBER

CITATION NUMBER

_____
_____
_____
_____

AMOUNT PAID

$ _____
_____
_____
_____

[ ] Check [ ] Money Order

TOTAL $ _____

CREDIT CARD INFORMATION

Please enter all requested information. We honor only VISA and MASTERCARD.
Please charge to (check one):

[ ] VISA [ ] MASTERCARD

EXPIRATION DATE
_____ / _____
Month Year

CREDIT CARD NUMBER

/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

_____
PRINT EXACT NAME APPEARING ON CREDIT CARD

_____
AUTHORIZED SIGNATURE