



Mail-In Payment Form

Please complete this form, in full, sign and return to the designated government agency which you have incurred a fine or payment. Failure to fully complete this form, giving false or fraudulent information or any other misrepresentation, or charging back the credit card transaction associated with this document may result in a warrant issued for your arrest or other severe penalty.

Personal Information

Full Name
Home Address
City State Zip
Telephone Email Address
Drivers License or other ID # State of #

Agency Information

Agency Name (Location)
Account or Other Reference Number
City State

Credit Card Information

Card Type: [] Visa [] MasterCard [] Discover
Name (as it appears on card)
Billing Address of Card
City State Zip
Card Number
Expiration Date CCV or CVV Number

NOTE: The CCV or CVV is the three digit number on the back of the credit card.

Fee or Fine Information

Actual Amount Due Total Amount (Fee X 1.0319)

NOTE: You may refer to the fee calculator on StatePayments.com to assess your total amount.

I authorize the above named agency to process my credit card account listed here through StatePayments.com and my credit card institution to honor the transaction amount specified for the fee or fine referenced above (Total Amount). I understand that there is a convenience fee associated with charging this transaction on my credit card and accept this as part of my transaction.

Authorized Signature