

PAULDING COUNTY MUNICIPAL COURT
201 E. Caroline Street, Suite 2
Paulding, OH 45879

PAYMENT BY FAX

Defendants Name: _____

Case Number/Ticket Number: _____

MasterCard ___ Visa ___

ACCOUNT: _____ V-Code _____

Expiration Date on Card: _____

Name of Cardholder _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Fax Number (_____) _____

Payment \$ _____

+Fax Convenience Charge \$2.00

Total amount authorized on Card \$ _____

BY SIGNING THIS FORM I AUTHORIZE THE ABOVE CHARGE:

Signature _____

Fax this form to (419) 399-3421