Municipal Court
1197 West Main Street
POB 299002
Lewisville, Texas75029-9002
Fax to: 972.219-3761

Credit Card Authorization Form

This form must be submitted by the Defendant:

Name of Defendant: _____

Case(s)/Citation(s) #: _____

Offense(s)-List all that are being paid: 1. _____

2. _____

3. _____

4. _____

Defendant Phone #(use best phone for business hours) : _____

I understand the court will accept my payment in full as a plea of **NO CONTEST,** find me **GUILTY** and enter a judgment against me recording a conviction for the above listed offenses. I further understand my charges are not considered paid nor will my warrants be cleared until the court accepts and process my payment.

_____ (Signature of Defendant) _____ (Date)

CARDHOLDER INFORMATION: ***All of the following items are required to process a payment***

Name on Card: _____ _____ _____

Card Billing Address: _____

Street City State Zip

Card Type: (check one) ◯ Master Charge ◯ Visa

Card Number: _____- _____- _____- _____

Card Expiration Date: MO ( ) YR ( ) 3 Digit Authorization Code: ( ) ( ) ( )

Amount Authorized for: $_____ **Add $1.50 handling fee = Total $_____

NOTICE: If you are paying a warrant, you may verify your warrant clearance on our website at www.cityoflewisville.com and select, City Services/Municipal Court/Active Court Warrants from the drop down list at the top of the page. The warrant list on line does not reflect all active warrants and is only updated every 4 hours. You must verify payment processing through your credit card company.