



Municipal Court

1197 West Main Street

POB 29902

Lewisville, Texas 75029-9002

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.

(Defendant signature)

(date)

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

Name on Card: _____

Card Billing Address: _____

Card Type: (check one) Street City State Zip
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.