Hon. William R. Jacobs

CATSKILL TOWN COURT
441 Main Street
Catskill, NY 12414
Phone # (518) 943-2141 x 2
Fax # (518) 943-7652
E-Mail: justice @townofcatskillny.gov

Name as it Appears on Ticket:_____

Ticket Number or Case Number :_____

CREDIT CARD FORM

****NOTICE OF AN ADDITIONAL SERVICE FEE OF 2.99% OF THE PAYMENT WILL BE ASSESSED ON ALL CREDIT CARD PAYMENTS****

CREDIT CARD: VISA _____ MASTERCARD_____

EXPIRATION DATE:_____ 3 CHARACTER CODE:_____

CARD NUMBER:_____

CARD HOLDER:_____
(Print Name As It Appears On Card)

AMOUNT BEING CHARGED:_____

PHONE NUMBER #:_____

I hereby accept the fine amount (s) imposed by the Court and authorized payment Thereof on the above-noted credit card. **Note:** Should a Bank reject your transaction A Suspension will be issued without further Notice.

_____

Signature As It Appears on Credit Card

*** COURT CANNOT ACCEPT PAYMENT OVER THE PHONE ***