

Marilyn Burgess
Harris County District Clerk
Civil / Family Post Trial
Fax Credit Card Authorization Form
Fax 832-927-0138



Date: _____

Case number: _____

Transaction number: _____

I hereby authorized the Harris County District Clerk Office to use my credit card type _____, No. # _____ as payment in this transaction.

Credit card expiration date _____. The amount of the payment should not exceed \$ _____.

Reason for transaction:

- Clerks record
- A & E requests
- Other _____

Credit Card Holder:

Name _____

Address _____

Phone number _____

Signature _____

My signature on this form authorizes the Harris County District Clerk to use the above named credit card as payment in this transaction. I understand that there is a 4% credit card convenience fee added to this purchase.

Person other than Credit Card holder:

Name _____

Address _____

Phone number _____

TDL # _____

Signature _____

My signature on this form authorizes the Harris County District Office to use the above named credit card as payment in this transaction. I understand that there is a 4% credit card convenience fee added to this purchase.

For District Clerk's Office use only

Employee processing this transaction _____, Employee# _____

Transaction number _____

Amount of transaction _____

Date _____