

St. Martin Parish Clerk of Court

415 South Main Street  
Saint Martinville, Louisiana 70582  
337-394-2210  
Fax: 337-394-8404

One Time Credit Card Payment Authorization Form

Complete and sign this form to authorize the St. Martin Parish Clerk of Court to make a one time charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I \_\_\_\_\_ (your full name) authorize the St. Martin Parish Clerk of Court to charge my credit card account indicated below for THE AMOUNT LISTED BELOW plus a 4% processing fee on the date of \_\_\_\_\_ (today's date. Note: credit card payments may be processed the next business date depending on time of day this request is received into the Clerk's office). This payment is for documents as requested from said person.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

REQUEST:

- \_\_\_\_\_ Background Check - \$20.00 each
- \_\_\_\_\_ Minute Entry - \$15.00 each
- \_\_\_\_\_ Document - \$1.00 per page
- \_\_\_\_\_ Certified - \$5.00 per certification

How will you receive requested documents?

**\*\*NOTE: ADDITIONAL CHARGES MAY APPLY\*\***

- \_\_\_\_\_ Pick-up from Clerks office (free of charge)
- \_\_\_\_\_ Mail to address above (additional \$1.00)
- \_\_\_\_\_ Email or Fax (additional \$6.00 for the first page, \$2.00 per additional page)  
If Email or Fax is chosen, the document WILL NOT be a certified document.  
Email address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____/____/____			
Security Code	_____			

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card, and I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.