

**Laura B. Blanchard**

Clerk of Court • St. Martin Parish  
P.O. Box 308  
St. Martinville, Louisiana 70582



(337) 394-2210  
Fax (337) 394-7772  
www.stmartinparishcoc.com

## One Time by Phone Credit Card Payment Authorization Form

Complete and sign this form to authorize the St. Martin Parish Clerk of Court Office 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 transactions to your account.

**\*\*\*ALL CREDIT CARD TRANSACTIONS INCLUDE A 4% PROCESSING FEE\*\*\***

**Please complete the information below:**

**Date:** \_\_\_\_\_

How will you receive requested Documents?      **\*\*NOTE: ADDITIONAL CHARGES MAY APPLY\*\***

\_\_\_\_\_ Pick-up from Clerks Office

\_\_\_\_\_ Mail to Address below (ADDITIONAL POSTAGE FEES)

\_\_\_\_\_ Email or Fax (ADDITIONAL \$6.00 FOR THE 1<sup>ST</sup> PAGE, \$2.00 PER ADDITIONAL PAGE)

### Credit Card Information:

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requested By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_