

HARRISON TOWN COURT
1 Heineman Place, Harrison New York 10528
Phone: (914) 670-3010 Fax: (914) 835-1262

NAME: _____ DATE: _____

CASE NUMBER: _____

FINE/FEE AMOUNT AUTHORIZED:	\$ _____
MANDATORY SUSPENSION LIFT FEE* AUTHORIZED:	\$ _____
*only applies if your New York state driving privileges have been suspended for failing to answer or pay a moving violation.	
TOTAL AMOUNT AUTHORIZED:	\$ _____

Please enter the following information if you would like to pay with a Credit/Debit Card:
ALL INFORMATION MUST BE COMPLETE AND LEGIBLE OR THIS FORM WILL NOT BE PROCESSED.



CARD TYPE (CIRCLE):

CREDIT/DEBIT CARD # _____

EXPIRATION DATE: _____ MONTH _____ YEAR

CARD HOLDER: _____

(Print name as it appears on Card)

SIGNATURE OF CARDHOLDER: _____

DAYTIME PHONE NUMBER OF CARD HOLDER: _____

ADDRESS OF CARD HOLDER: _____

I hereby accept the fine/surcharge amount(s) imposed by the Court and authorized payment thereof on the above-noted credit card. NOTE: Should a bank reject your transaction DMV will be notified to suspend your driving privileges without further notice.