

CLERK OF THE CIRCUIT COURT
FRANKLIN COUNTY, FLORIDA

CITATION# _____

FINE AMOUNT \$ _____

LATE FEES \$ _____

SERVICE FEE 3.5% of fine: _____ THIS SERVICE FEE IS CHARGED BY OUR FINANCIAL SERVICES PARTNER. THE CLERK'S OFFICE DOES NOT RECEIVE OR KEEP ANY PART OF THIS FEE.

TOTAL AMOUNT \$ _____

___ MASTERCARD ___ VISA ___ DISCOVER ___ AMER EXPRESS

----- CREDIT CARD NUMBER ----- EXPIRES

ZIP CODE FOR BILLING ADDRESS: _____

3 OR 4 DIGIT SECURITY CODE FOUND ON THE FRONT OR BACK OF CARD

SIGNATURE OF CARD HOLDER: _____

DL# _____

DOB ___ / ___ / ___

PLEASE PRINT NAME: _____

DAY TELEPHONE# (____) _____

****ONLY DEBIT CARDS WITH THE VISA OR MASTERCARD LOGO ARE ACCEPTED.
CREDIT CARDS- VISA, MASTERCARD, AMERICAN EXPRESS OR DISCOVER, LOGO ARE
ACCEPTED****