

PAULDING COUNTY COURT  
201 E. Caroline Street, Suite 2  
Paulding, OH 45879

PAYMENT BY FAX

Defendants Name: \_\_\_\_\_

Case Number/Ticket Number: \_\_\_\_\_

MasterCard \_\_\_ Visa \_\_\_

ACCOUNT: \_\_\_\_\_ V-Code \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

Payment \$ \_\_\_\_\_

+Fax Convenience Charge \$2.00

Total amount authorized on Card \$ \_\_\_\_\_

BY SIGNING THIS FORM I AUTHORIZE THE ABOVE CHARGE:

Signature \_\_\_\_\_

Fax this form to (419) 399-3421