

CREDIT CARD PAYMENT BY MAIL
Madison Municipal Court
City-County Bldg., Room 203
210 Martin Luther King, Jr. Blvd
Madison, WI 53703-3343
Telephone: (608) 264-9282 Fax: (608) 266-5930

Name (please print): _____
Last First Middle I.

Address: _____
Street Apt. No.

City State Zip Code

I authorize payment for the following:

Case/Citation Number(s):	Judgment Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PAYMENT:	\$ _____

Credit Card Type: VISA MASTERCARD
Credit Card Number (including the 3 digit security code number on the back of the card): _____ Expiration Date: _____ / _____
Month Year

Signature: _____

Comments: _____

Notice: You must contact the court to make sure your payment has been processed. DO NOT ASSUME THE PAYMENT HAS BEEN PROCESSED. Keep a copy for your own records.

FOR COURT USE ONLY:

Received By: _____ Date: _____

Comments: _____