



COMMONWEALTH OF VIRGINIA
COUNTY OF LOUDOUN
OFFICE OF THE CLERK OF CIRCUIT COURT

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Gary M. Clemens
Clerk



Kevin J. Blatchley
 Chief Deputy-Business Services

Laura E. Boudreaux
 Chief Deputy-Operations & Finance

Karen M. Myers
 Chief Deputy-Judicial Services

Credit Card Authorization Form

Date: _____ Defendant's Name: _____

Cardholder Name: _____

Credit Card Information: Visa _____ MasterCard _____ Discover _____

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date: _____

Amount: \$ _____ Convenience Fee: \$ _____ (4% or \$2.00 dollars)

Total Charge to Credit Card: \$ _____

Billing Address where credit card statements are sent:

Phone Number: _____

I attest that I am the cardholder named above and authorize the Clerk of Circuit Court to process the payment.
 This form must be entirely completed or the payment will **not** be processed

 Signature of Cardholder

 Date