CREDIT CARD AUTHORIZATION FORM

_____ SURROGATE'S COURT
_____
_____

_____ PHONE: (___) _____
SURROGATE FAX: (___) _____

DATE:_____, 20__

NAME:_____ PHONE: (__) _____

ADDRESS:_____

FILE NAME:_____

FILE NO:_____

AMOUNT OF FILING: $_____

New York State Surrogate's Courts will only accept VISA or MasterCard credit card payments. Use of credit or debit card payments require the submission of an authorization signed by the payee or a duly authorized representative of the payee organization, therefore no telephone credit card transactions can be accepted, except by fax or e-mail. To do so, complete the credit card authorization below and submit this entire form.

Check as appropriate:
Credit or Debit Card* (Check One): VISA____ MasterCard____
Credit or Debit Cardholder: _____
Print Clearly - Exactly as appears on card
Credit or Debit Card Number: _____
CV2 Code: _____ Expiration Date: _____

*Debit Cards without the VISA or MasterCard Logo will NOT be accepted. Debit cards with the VISA or MasterCard logo will be processed as a credit card.

I hereby pay the fee amount(s) as set by Section 2402 of the Surrogate's Court Procedure Act or CPLR Section 8018 and authorize payment thereof via the above-noted credit/debit card. I understand that this authorization will remain in effect until revoked by the payee.

Cardholder Signature: _____ Date: _____

Credit/Debit card transactions rejected by your bank for failure to submit all required information will result in return charge of $20 which will be added to the outstanding balance.