

**PAYMENT FOR:** \_\_\_\_\_  
**Defendant (Name of Person Charged)**

**TICKET / DOCKET NO.** \_\_\_\_\_

**ITHACA CITY COURT**  
**118 E. CLINTON STREET**  
**ITHACA, NY 14850**  
**TELEPHONE 607-216-6660**  
**FAX 607-240-5821**  
**Email: [IthacaCityCourt@nycourts.gov](mailto:IthacaCityCourt@nycourts.gov)**

CARD TYPE: \_\_\_\_\_ **VISA** \_\_\_\_\_ **MASTERCARD** \_\_\_\_\_ **DISCOVER**

EXPIRATION DATE ON CARD \_\_\_\_ / \_\_\_\_

CARD #: \_\_\_\_\_

THREE DIGIT SECURITY CODE LOCATED ON BACK OF CARD \_\_\_\_\_

**AMOUNT AUTHORIZED TO BE DEDUCTED** \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME AS ISSUED ON CARD**

\_\_\_\_\_  
**SIGNATURE OF CARDHOLDER**

DAY PHONE # OF CARDHOLDER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

\*\*\*IF CARDHOLDER IS OTHER THEN THE DEFENDANT, SUBMIT A CLEAR  
PHOTOCOPY OF PHOTO IDENTIFICATION W/SIGNATURE (I.E. DRIVER'S  
LICENSE)\*\*\*