

The Disciplinary Board of the Supreme Court of Pennsylvania

Credit Card Payment Authorization Form

Return via email attachment to DBFinance@pacourts.us or fax to (717) 231-3381.

Board Use Only
Entered By _____
Date _____
Auth. # _____

All Items listed below must also be submitted for timely processing to avoid any penalty.

Contact Information (please print clearly or type)	
Name	
(if appropriate) Attorney ID #	
Mailing Address	
Contact Phone #	
Email Address	

Item Requiring Payment (e.g. Costs, RPC Books, Fees, etc.)	Notes	Amount Paid
	Convenience Fee	\$ 3.00
	Total Amount Paid	\$

Credit Card Information (please print clearly or type)		
Type of Credit Card <small>(VISA, Mastercard, AMEX, Discover)</small>		
Credit Card #		
Expiration Date	3 or 4 Digit Security Code	
Cardholder Name		
Cardholder Billing Address		

I, the above-named **cardholder**, authorize the Disciplinary Board of the Supreme Court of Pennsylvania to charge my listed credit card the above itemized fees.

Signature (required): _____ Date: _____



Do not mail this form – Return via email attachment or fax