

**CREDIT /DEBIT CARD AUTHORIZATION FORM**

To pay your fee by Visa, Mastercard or American Express, this form must be completed and returned with a copy of the cardholder's driver's license. Your transaction cannot be processed without proper identification.

Please note: If your copy is illegible, please write your license number and the expiration date on the copy and initial it.

VAB petition filing fee: \$\_\_\_\_\_

Petitioner's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder's Name and Address (*must include zip code*):  
(*If different from above.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**I hereby authorize the St. Johns County Clerk of Courts to charge my credit/debit card:**

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code\*: \_\_\_\_\_

\*The V-code is the 3 digit number on the back of the Visa or Mastercard or the four digit number from the front of an American Express card.

Amount authorized: \$\_\_\_\_\_ (*cardholder must complete*)

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax to: Value Adjustment Board c/o Minutes and Records at (904) 819-3664

or

Mail to: St. Johns County VAB, 500 San Sebastian View, St. Augustine, FL 32084