

**CREDIT CARD FORM FOR WCL REPLACEMENTS BY MAIL**

Name (as it appears on credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Street*

\_\_\_\_\_  
*City, State, Zip*

Card Type:    Visa    Mastercard    American Express

Card Number: \_\_\_\_\_

CSV# \_\_\_\_\_                      Exp Date: (MM/YY) \_\_\_\_\_

I authorize Clayton County Probate Court to charge my credit card in the amount of \$6.00. I understand this transaction will include an additional convenience fee for using a credit card.

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

Printed Name: \_\_\_\_\_