

ATTN: MANDI CASTANEDA  
CONSTABLE PRECINCT 5 CLASS C WARRANTS

FAX: (512) 854-9138

**PRECINCT 5 CREDIT CARD AUTHORIZATION**

My name is \_\_\_\_\_ . (credit card holder)

I authorize \_\_\_\_\_ , (person who owes the fines)

my \_\_\_\_\_ , (relationship to you, i.e. son, daughter, friend)

to use my credit card information to pay off his/her debt in the amount of \$ \_\_\_\_\_

for the following JP5 case number(s):

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

If you have any questions, please give me a call at \_\_\_\_\_ .

\_\_\_\_\_  
(Printed name as it appears on credit card)

\_\_\_\_\_  
(Signature of credit card holder)

\_\_\_\_\_  
(Today's date)