

ATTN: MANDI CASTANEDA
CONSTABLE PRECINCT 5 CLASS C WARRANTS

FAX: (512) 854-4228

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)