

SHAKER HEIGHTS MUNICIPAL COURT
Credit Card Payment Fax Form
Fax Number: (216) 491-1314

Court Case Number...: _____

Cardholder Name.....: _____

Last 4 of Credit Card...: _____

Card Billing Address....: _____
(Street Number Only)

Zip Code.....: _____

Phone.....: _____

Email.....: _____
IMPORTANT All future correspondence from this Court will be sent to this email

Amount.....: _____

Cardholder Signature.....: _____

Incomplete or illegible forms will NOT be processed

Full Credit Card Number...: _____

MasterCard Visa American Express Discover

Expiration Date.....: _____

V-Code.....: _____
(3-digit code on back of MC, Visa or Discover)
(4-digit code on back of Amex)