

BRYAN MUNICIPAL COURT

**1399 EAST HIGH STREET
P.O. BOX 546
BRYAN, OH 43506**

PAYMENT BY FAX

DEFENDANT'S NAME: _____

ADDRESS: _____

CASE NUMBER/TICKET NUMBER: _____

VISA / MASTERCARD Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

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Amount Due

\$	
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+ Fax Convenience Charge

\$	2.00
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Total Amount Authorized on Card

\$	
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Name of Cardholder _____ Phone Number _____
(Please Print)

FAX Number _____

Signature _____

FAX THIS FORM TO (419) 636-3417