



Walker County Clerk
Kari A. French
1100 University Avenue, Suite 201
Huntsville, Texas 77340
936-436-4922 Fax 936-436-4928
www.co.walker.tx.us



CREDIT CARD PAYMENT INFORMATION

Date: _____

Cardholder Name: _____

(Business/Firm Optional): _____

Mailing Address: _____

City _____ State _____ Zip _____

**Note* The Zip Code must match the cardholder's billing address; if not, transaction will be declined.*

Email Address: _____

****Providing an email address will allow your receipt to be emailed to you. ****

Phone #: () _____ - _____

Credit Card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name as it appears on Card: _____

Credit Card Acct _____

Exp. Date: ____/____ 3 Digit Code _____

Amount to Charge \$: _____

**YOU HAVE MY PERMISSION TO USE THE ABOVE CREDIT CARD TO MAKE PAYMENT(S)
FOR SERVICES RENDERED / PAYMENT OF COSTS / PAYMENT FOR DEFENDANT LISTED**

DEFENDANT: _____ CAUSE#: _____

Authorized Signature: _____