

ONONDAGA COUNTY CLERK'S OFFICE

CREDIT CARD FORM

Name _____

Billing Address _____

Phone _____

MasterCard _____ VISA _____ American Express _____ Discover _____

Credit Card # _____

Expiration Date _____

Security Code (3 or 4 digit) _____

AMOUNT TO BE CHARGED \$ _____

By signing below I agree to pay the Onondaga County Clerk's Office for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for the Onondaga County Clerk's office to accept payment via credit card. I further agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction an equal to 2.65 % (\$3.00 minimum) of the total amount being paid. **Nationwide Payment Solutions is an authorized Level 1 PCI-DSS third party processor of regulated convenience fees.*

X _____
(Card Holder Signature)