



Municipal Court fax 940.464.7409 e-mail court@argyletx.com

Plea and Payment by Credit/Debit Card

Citation Numbers: _____, _____, _____, _____, _____

I make a PLEA of: **GUILTY** **NOLO CONTENDRE** (must circle one in order for request to be processed)

I understand that the citation(s) listed on this form **will be reported to the Department of Public Safety** as a conviction unless a deferred disposition request form is submitted to the Judge at the same time as this request. I understand that I have the right to a trial before the Court or a Jury of my peers and I hereby waive that right and wish to plead to the case(s) and make final disposition. Juveniles (16 and under) and Minors (charged with alcohol or tobacco offenses may not pay by credit card until they have appeared in open court before the Judge and entered a plea.

I hereby authorize the Town of Argyle Municipal Court to charge the amount of \$_____ to the Credit/Debit Card (MasterCard or Visa only) listed below. My signature below confirms that I have full authority to use the card listed below and do so voluntarily. The Credit Card must be issued to the same person whose citation(s) are being paid.

I understand that should this charge be disputed or unpaid for any reason, that all charges on this form will be put into warrant status immediately.

Signature of defendant Date signed

PRINTED NAME **STREET ADDRESS**

CITY/STATE AND ZIP E-MAIL ADDRESS

HOME PHONE NUMBER **CELL PHONE NUMBER**

Credit/Debit Card Number Visa/MasterCard (circle one) Expiration Date

Cardholder's Signature **Print Name** as it appears on the Card*

After all information has been completed, fax or scan and e-mail this form to Argyle Municipal Court at 940-464-7409 or court@argyletx.com or via mail to P.O. Box 609, Argyle, TX 76226 Website: www.argyletx.com

***NOTE THE CREDIT OR DEBIT CARD MUST BE IN YOUR NAME, ANOTHER PERSON CANNOT PAY FOR YOUR TICKET UNLESS YOU BOTH APPEAR IN COURT TOGETHER WITH IDENTIFICATION.**