



Superior Court of California, County of Los Angeles Payment Submittal Notice

Please print and complete all information on this form clearly and legibly.

Date:

Case Number:

Case Name:

In case we need to notify you, please provide your name and telephone number.

Name/Requester: Phone #:

Payor/Depositor:

Address:

Payment Amount: \$

Check not to exceed: \$

**** Only Check or Credit Card will be accepted ****

Check Number: Name on Credit Card:

Visa:

MC:

Discover:

Credit Card #: Exp. Date CVC #:

Credit card charge not to exceed: \$

Authorization Signature:

This payment is accompanying the following document(s) (if applicable):

Document Name: