

# KERN COUNTY DEPARTMENT OF PUBLIC HEALTH

Office of Vital Statistics

## One Time Credit Card Payment Authorization Form

Complete and sign this form to authorize Kern County Public Health Services Department to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional, unrelated debits or credits to your account.

### Please complete the information below:

I, \_\_\_\_\_, authorize Kern County Public Health Services Department to charge the credit  
Print full name  
card account indicated below \$ \_\_\_\_\_ dollars on or after \_\_\_\_\_.

This payment is for \_\_\_\_\_ for \_\_\_\_\_, \_\_\_\_\_.  
Description of service/goods Date Decedent's name LRN

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Visa  MasterCard

Cardholder name: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlines above. This payment authorization is for the services/goods described above, for the amount indicated above, only and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. I understand that any of the data contained on this form will not be retained in any format (e.g., paper or electronic).