



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:

l,	, authorize Kern County Pu	ublic Health Services Department	to charge the credit
card account indicated below \$	dollars on or after		
This payment is for	for	Date	
• •	n of service/goods	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 t for the services/goods described above, for the ar and that I will not dispute the payment with my cre the data contained on this form will not be retaine	mount indicated above, only and is valid for c edit card company, so long as the transactior	one time use only. I certify that I am an autho	orized user of this credit card

REV.08/2023