KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

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 _____.
Date
This payment is for _____ for _____, _____.
Description 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 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).