

City of McAllen
Vital Statistics Division
Credit Card Charge Authorization Form

I, _____, the Card Holder of (please check one):

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

hereby authorize the City of McAllen to charge the amount of \$_____ + **the \$2.75**

service charge*, representing the initial payment for the following (please check one):

☐ Birth Certificate ☐ Death Certificate ☐ Burial Transit Permit

I have read this entire agreement and understand that I will be held fully responsible for the \$2.75 service charge within the terms of the agreement.

Card Holder's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____

Signature of Card Holder

Date

(Note: The Card Holder's name and address listed above should be the same as on the card and the address the credit card company/bank has for the Card Holder. We will also need a copy of the card holder's picture identification.)

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Credit Card # _____ **Exp Date:** _____

Please be advised that the Credit Card # will be cut off and shredded once it has been processed.