

City of McAllen
Vital Statistics Division
Credit Card Charge Authorization Form

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

Visa Master Card Discover

hereby authorize the City of McAllen to charge the amount of \$_____ + **the \$3.00 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 \$3.00 service charge within the terms of the agreement.

Card Holder: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____

Signature

Date

(Note: The Card Holder's name and address listed above should be the same information the Credit Card Company has for the Card Holder.)

Once complete, please fax to the City of McAllen, Vital Statistics Division (956) 681-1194

NOTE: When a request is being made by fax, the requested documents will be mailed back to the applicant regular mail through the U.S. Postal Service. No exceptions.

Credit Card # _____ Exp Date: _____

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