

CHEMUNG COUNTY VITAL STATISTICS
Consent to Charge Credit/Debit Account

I _____
Print name exactly as it appears on credit/debit card.

authorize _____
Print the name of the person you are authorizing.

to charge \$ _____ to the following account:
(Dollar amount listed must include service charge)

- Account # _____
- Expiration Date _____
- 3 or 4 Digit Security Code _____
- Cardholder's Phone # _____
- Cardholder's Billing Address

**By signing below the cardholder agrees to pay all fees incurred with this purchase.
Fees are not refundable.**

Cardholder's signature Date

Notary signature Date

Notary stamp/seal: