



# TRINITY COUNTY

Shanna S. White

County Clerk/Recorder/Assessor

Julie K. Barcellona

Assistant County Clerk/Recorder/Assessor

## Credit Card Authorization

The Trinity County Clerk/Recorder/Assessor accepts Discover, MasterCard and Visa for payment of fees. To pay fees using a credit card, simply complete and sign this form and attach it to your application.

When faxing, mailing, or e-mailing, please use the Credit Card Form on the bottom of this page.

Include this form with the Document Order Form or Vital Record Request form. Once your transaction is complete, we will securely destroy your payment form.

Official Payments Corporation, Trinity County's credit card vendor, charges a service fee to use this service, separate from the primary fees. For purchases less than \$75.00, a \$1.95 service fee will be charged. Please add this value to the amount due on the Document Order Form as indicated below to find the Total Payment Amount. If your fees exceed \$75, please contact the office for the service fee applicable to your purchase.

Please PRINT CLEARLY in blue or black ink only.

DATE: \_\_\_\_\_

Total Amount due per Document Order Form: \$ . + \$ . Service Fee = \$ .

### CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS (Street or PO Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_  
( ) - ( ) -

E-MAIL (OPTIONAL): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services 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.

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UPON APPROVAL OF THE CHARGES BY YOUR CREDIT CARD COMPANY, YOUR CREDIT CARD INFO BELOW WILL BE SHREDDED.

Please charge to the following credit card:

Visa  MasterCard  Discover

(If preferred, you may call-in your credit card number information)

Credit Card No.: \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_\_ CVC Number \_\_\_\_\_