

Mortuary Aid Co.

1050 Lakes Drive #252
West Covina, CA 91790

PAYMENT AUTHORIZATION

Beneficiary / Decedent Name: _____

\$ Amount: _____ Item/Service Being Paid: _____

PLEASE SPECIFY PAYMENT METHOD BELOW:

I will immediately provide card or check information over the phone. (sign below)

I will immediately pay at www.MortuaryAid.com/MakePayment.html with a card. (sign below)

I will immediately make an appointment to come into the office and make payment. (sign below)

Bank Account Check Draft Authorization: (sign below)

Account Holder's Name: _____

Bank Name: _____ Account #: _____

Routing #: _____ Check #: _____

Insurance Assignment: (sign below) **\$250.00 processing fee applies.

Insurance Co. Name: _____

Policy #: _____ Ins. Co. Phone #: _____

Credit/Debit Card Charge Authorization: (sign below)

Type of Card: Master Visa Amex Discover Other _____

Name (as it appears on card): _____

Card Number: _____ Expiration Date: _____

3 Digit Code on Back of Card: _____ **American Express**, 4 Digit Code on Front: _____

Billing Zip Code: _____ Email for Receipt: _____

I promise to pay according to the method specified above. I authorize Mortuary Aid Co. to charge my bank, policy, account and/or card indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods and/or services described above, for the amount indicated above and is valid for one time use only. I certify that I am an authorized user of this bank, policy, account and/or card and that I will not dispute the payment and/or charge.

X _____ **Date:** _____