5620 HILLANDALE DRIVE
LITHONIA, GEORGIA 30058
770 -322-8000 OFFICE
770-322-8090 FAX
WWW.DIVINEMORTUARYSERVICES.COM

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Divine Mortuary Services to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below, please print:

I _____ authorized Divine Mortuary Services to charge my

Credit card account indicated below, for $_____ on or after _____ _____, 20____.

This payment is for the Funeral Services of _____

Billing Address _____ Phone Number _____

City, State, Zip_____ E-mail_____

Account Type: ☐ AMEX ☐ Discover ☐ Master Card ☐ Visa

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Discover/MC/Visa, 4 digit on front of AMEX) _____

Signature_____ Date_____

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