

# Arcelays Funeral Services LLC

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## CREDIT CARD PAYMENT FORM

Deceased: \_\_\_\_\_

**\*\*\*\*We cannot accept credit cards in the name of the deceased\*\*\*\***

**A 3.99% service charge will be added to all Credit or Debit card purchases.**

I hereby authorize Arcelays Funeral Services LLC to charge my credit card in the amount of:

\$ \_\_\_\_\_

➤ Credit Card Type: \_\_\_\_\_

➤ Credit Card Number: \_\_\_\_\_

➤ Expiration Date: \_\_\_\_\_/\_\_\_\_\_ Security Code \_\_\_\_\_

➤ Name as it appears on the card: \_\_\_\_\_

➤ Billing address: \_\_\_\_\_

➤ City/State/Zip \_\_\_\_\_

✓ Card Holders Signature: \_\_\_\_\_