

200 E. Uvalde St, Ste 7 Crystal City, Texas 78839

One Time Credit/Debit Card Authorization Form

I, (Name)	authorize Zavala County Clerk's		
Office to charge on my credit/debit co	ard the following:		
		(Name listed on Debit/Credit Card)	
Amount to be charged*: \$	(convenience fe	e applies, see below)	
Requested Document:	(Copy/Marriage License \$20, Birth \$23 or Death Certificate - \$20)		
Credit Card Information:	VISA COME	DISCOVER	
Credit Card: (check one) Visa	MasterCard	American Express	Discover
Credit Card Number:		Expiration Date:	(MM/YY)
CVV2/Security Code:	(3 digit number on the back of	Visa, MasterCard and Discover, 4 digit	number on front of Amex)
Credit Card Billing Zip Code:			
This payment authorization is for the amount indiauthorized user of this credit card and that I will r the terms indicated on this form. I understand that destroyed.	not dispute the payment with m	y credit card company, so long as the tr	ansaction corresponds to
Authorized Signature:		Date:	
*******Please include a self-a	ddressed stamped env	velope for return of documen	its. ******

*Transaction Convenience Fee Amount is 2.4%.

Department Hours: 8:00 am - 5:00 pm Monday through Friday Phone number for County Clerk: (830) 374-2331

Rev. 1/2019

Office: (830) 374-2331