

CREDIT-DEBIT CARD PAYMENT AUTHORIZATION

All information will be verified before charges are made to the card submitted

I hereby authorize Placer County Process Service to charge my debit or credit card for services requested, attempted or provided.

I understand and agree that by providing a debit or credit card that is expired, invalid, stolen or otherwise declined in any manner, will result in my service request and documents being deleted without further notice.

Card Type*: Credit Card Debit Card
Visa or M/C*: Visa Mastercard

Card Number:

Expiration Date:

Security Code:

Name on Card*:

Billing Address*:

Telephone Number*:

Email Address*:

I certify that by submitting this form, I accept personal liability to Placer County Process Service for any and all amount owed by the persons or company listed above. I acknowledge that Placer County Process Service use of security procedures issued by the PCI Security Standards Council is reasonable and accepted. As the credit or debit card holder - provider, I authorize Placer County Process Service to charge my credit or debit card for all future amounts owed on services requested, attempted, or completed.

Please be aware and accept our assurance that the information provided from you is used to ensure and verify your identity and is not being used fraudulently. The multiple and cautious steps we take to verify our customers' identity assists us in keeping your personal information secure and confidential.