

COUNTY OF COOKE Pam Harrison, County Clerk

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One Time Debit/Credit Card Authorization Form

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Amount to be charged: \$12.0	00 per copy (\$11.00 + \$1.00 convenience fee)
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Name on Debit/Credit Card	(Print Name)
Card Number	Expiration Date:/
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Billing Zip Code:	
only. I certify that I am an authorized user of debit/credit card company, so long as the t	ant indicated above and convenience fee, and is valid for one-time-time use of this debit/credit card and that I will not dispute the payment with my ransaction corresponds to the terms indicated on this form. I understand that ceipt is mailed to me, this authorization form will be destroyed.
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