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One Time Debit/Credit Card Authorization Form

I,(Print Name)		ke County Clerk's Offic ed below to the Debit/(
Amount to be charged: §13.	<u>00</u> (\$11.00 plus	\$2.00 convenience fe	e)
Requested Document: Certified Copy of a Marriage License			
Card Type: (check one) Visa_	_ Master Card	American Express	Discover
Name on Debit/Credit Card		(Print Name)	
Card Number		_ Expiration Date:	/
CVV/Security Code:			. ,
Billing Zip Code:			

This payment authorization is for the amount indicated above and convenience fee, and is valid for one-time-time use only. I certify that I am an authorized user of this debit/credit card and that I will not dispute the payment with my debit/credit card company, so long as the transaction corresponds to the terms indicated on this form. I understand that once my transaction is processed and a receipt is mailed to me, this authorization form will be destroyed.

Authorized Signature: _____ Date: _____