



CATHOLIC
CEMETERIES
& MORTUARIES

EMERITUS FOUNDATION

Credit Card Authorization Form

Mail or Fax Completed form to:

Catholic Cemeteries

Patron Service Department

PO Box 226820

Los Angeles, CA 90023 9998

FAX: (323)266-3687*PHONE: (213)637-7800

I, _____ hereby authorize Catholic Cemeteries of the Archdiocese of Los Angeles to
(Print cardholder name as it appears on card)

debit my credit card indicated below for the amount of \$ _____ each month.

Please apply these debits as payments to my contract number: _____ with

_____ Cemetery beginning on _____ and then on
Cemetery Name Start payment date

The _____ day of each month thereafter.

Note: payment due dates that fall on holidays and weekdays will be processed on the next business day. Monthly payments will continue to be processed until your contract balance is paid-in-full or until you make the request to discontinue this payment service. If you wish to discontinue this payment service, please mail or fax the request to the address indicated above.

Please indicate Card Type:

() Visa () Mastercard () Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Contact Phone number: _____

Cardholder Name: _____
(print cardholders name as it appears on card)

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

The issuer of the card listed above is authorized to pay the amount shown upon proper presentation. I promise such amount as noted above subject to and in accordance with the cardholder agreement governing the use of such card.

Signature of authorized card holder

Date