

Tuolumne County Emergency Medical Services Agency

20111 Cedar Road North, Sonora, CA 95370
Phone: (209) 533-7460 Fax: (209) 533-7406
Website: www.tuolumnecounty.ca.gov/ems

Authorization for Credit Card Payment

Date _____

Applicant Name: _____

Applicant Address _____

State _____

Zip Code _____

Type of Credit Card

MasterCard

Visa

Name on Card: _____

Billing address if different from above:

Address _____

State _____

Zip Code _____

Credit Card #: _____

Expiration Date _____

CVC #: _____

Authorized Amount: \$ _____

Reason for Payment:

EMT Cert

EMT Re-Cert

Paramedic/Flight Nurse Accreditation

MICN Authorization

MICN Re-Authorization

Other _____

By signing this form the card holder swears/affirms that all the information provided is true and correct to the best of your knowlodge. I certify that I am the authorized holder and signer of the credit card reference above. The cardholder authorizes the County of Tuolumne to collect payment for charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount" field. If additional charges are going to be authorized a new form will have to be completed. No electronic signatures, photocopies or reproductions of signature allowed.

Signature _____

Date _____

EMS Agency use only:

Date processed: _____

Authorization #: _____

Initials: _____

Notes: