Hanover Memorial Park CEMETERY

I authorize **Hanover Memorial Park Cemetery** to charge the credit card provided below for cemetery goods, services, fees, and/or payment plan payments associated with my account.

I understand and agree that a **3.75% credit card processing fee** will be added each time the credit card is charged. I understand that this processing fee is non-refundable and is charged in connection with the use of a credit card as the method of payment.

I authorize Hanover Memorial Park Cemetery to charge my card as follows:

Choose one:

☐ **One-Time Payment Authorization**
I authorize Hanover Memorial Park Cemetery to charge my credit card one time in the amount of $_____, plus the applicable 3.75% credit card processing fee.

☐ **Payment Plan / Recurring Authorization**
I authorize Hanover Memorial Park Cemetery to charge my credit card according to the signed payment plan agreement, including the applicable 3.75% credit card processing fee each time the card is charged. This authorization will remain in effect until the balance is paid in full or until I provide written notice revoking this authorization, subject to any amounts already due under the signed agreement.

I understand that if a payment is declined, late, reversed, disputed, or returned for any reason, my account may be considered past due, and Hanover Memorial Park Cemetery may require an alternate form of payment before continuing with any goods, services, orders, or placement.

I certify that I am the authorized cardholder or have legal authority to use the card listed below. I agree not to dispute authorized charges made in accordance with this signed authorization and any related signed contract, invoice, or payment plan agreement.

By signing below, I acknowledge that I have read and agree to the terms of this authorization.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Email: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Hanover Memorial Park
CEMETERY

Card Number: _____

Expiration Date: _____

Amount Authorized: $_____

Credit Card Processing Fee: 3.75%

Signature: _____

Printed Name: _____

Date: _____