

Golden State Municipal  
*Specialized Process Service*



**Credit /Debit Card**  
**Authorization Form**

Email to: [Info@Goldenstatemunicipal.com](mailto:Info@Goldenstatemunicipal.com)

Name on the card: \_\_\_\_\_

Type of card: M/C \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount: \_\_\_\_\_

*By signing this form, you authorize Golden State Municipal to charge your credit/  
debit card for the amount stated above.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_