

ECMS

P.O. Box 2245
Greenville, NC 27836

East Carolina Mortuary Service
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Sign and complete this form to authorize East Carolina Mortuary Services, LLC (ECMS) to make a one-time charge to your Credit Card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize ECMS to charge my Credit Card indicated below for \$ _____ on _____ (Date), in reference to services rendered for _____ (Decedent Name).

Billing Details

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Credit Card Information

– Visa – Mastercard – Discover

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: ____/____

Security Code (CVV): _____

Signature: _____ **Date:** _____