



# LEHIGH COUNTY CORONER'S OFFICE & FORENSICS CENTER

4350 Broadway \* Allentown, PA 18104  
Phone: (610) 782-3426 Fax: (610) 820-8271

**Daniel A. Buglio, D-ABMDI**  
**Lehigh County Coroner**

## Credit Card & E-Check Authorization Form (To Be kept On File)

### CARDHOLDER INFORMATION

Name (Personal or Business)\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Postal Code:\_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

### CHECK BOX FOR FUNERAL HOME ONLY

☐ I hereby authorize the County of Lehigh- Coroner's Office to charge my credit card (listed below) in the amount of \$ 50.00 (plus transaction fee \$1.13) for each cremation authorization.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Account Holder Name (*please print*)

### CREDIT CARD INFORMATION (Please type or print clearly)

E-Check Please provide voided check (**NO FEES**)

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

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

Expiration Month:\_\_\_\_\_ Expiration Year:\_\_\_\_\_

Cardholder Signature X\_\_\_\_\_ Date: \_\_\_\_\_