



CITY OF HOUSTON

Health and Human Services
Department

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CARDHOLDER LETTER OF ACCEPTANCE

I, _____ AUTHORIZED USER OF CREDIT CARD

_____ EXPIRE DATE _____ / _____

ACKNOWLEDGE THE TRANSACTION IN THE AMOUNT OF \$ _____ WITH
THE MERCHANT LOCATION 8000 N. STADIUM DRIVE, HOUSTON, TX 77054 ON THE
TRANSACTION DATE OF _____ AND REQUEST MY BANK RELEASE THESE
FUNDS TO THE MERCHANT PROCESSING BANK IN ORDER TO CREDIT THE MERCHANT
FOR ANY PREVIOUS CHARGEBACK DISPUTE OF THIS ITEM.

CARDHOLDER SIGNATURE: _____

DATE OF SIGNED: _____

The HDHHS Bureau of Vital Statistics accepts the following credit cards. Please provide a copy of the credit card holder's valid identification.

Shipping Methods:

- Regular Mail
- Priority Mail: \$15.00 plus the cost of the certificate(s)
- Federal Express: \$45.00 plus the cost of the certificate(s)

