One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Monroe County Department of Public Health to make a one-time debit to your credit card listed below.

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

Please complete the information below:

I ____________________________ authorize MCDPH to charge my credit card account indicated below for __________________ _______.

This payment is for:

☐ Annual Permit invoice # ______________________
☐ Temporary Permit
☐ Plan review
☐ Food Worker Certification Class

Billing Address ___________________________ Phone# ___________________________

City, State, Zip ___________________________ Email ___________________________

Account Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name ____________________________________________________________

Account Number ___________________ Sec. Code ________

Expiration Date _______________

SIGNATURE ___________________ DATE __________________

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

03/2017