

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Environmental Health Credit/Debit Card Authorization Form

Card Holder Information

_____ Company Name (required)	_____ Authorization Date (required)
_____ Card Holder's Name (required)	_____ Card Holder's Title
_____ Billing Address (No P.O. Boxes)	_____ City, State, Zip Code (required)
_____ Card Holder's Phone Number	_____ Card Holder's Email Address

Transaction Information

_____ Service Type (i.e., Septic, Well, Food, Pool, etc.) (required)	_____ Amount Authorized (required)
_____ Service Address or Permit Number (required)	

Attestation:

I, the undersigned, hereby authorize the Florida Department of Health in St. Johns County to charge the amount listed above to my credit card as payment for the above referenced services. I understand that my credit card will be charged upon receipt of this form and that my signature authorizes this charge. I further acknowledge that this authorization is valid only for the amount expressly listed above, that no additional charges will be made, and that this authorization expires one (1) business day from the date listed above.

_____ Card Holder Signature (required)	_____ Date (required)
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Credit Card Information (VISA or MasterCard Only)

_____ Credit Card Number (required)	_____ Expiration Date (required)	_____ Security Code (required)
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