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 PO 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 Dept of Health in St Johns County to charge the amount listed above to my credit/debit 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 in one (1) business day from that date listed above.

Card Holder Signature (required)

Date (required)

Credit Card Information (VISA, Mastercard, Discover and American Express)

Credit Card Number (required)

Expiration date (required)

Security Code (required)