



Monroe County Department of Public Health - Food Protection
 111 Westfall Road – Room 832
 Rochester, New York 14620
 585-753-5064

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
 (full name)

account indicated below for _____ .
 (amount)

This payment is for:




- Annual Permit invoice # _____
- Temporary Permit
- Plan review
- Food Worker Certification Class

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: <input type="checkbox"/> Visa			<input type="checkbox"/> MasterCard			<input type="checkbox"/> 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.