

George Latimer
County Executive

Sherlita Amler, MD
Commissioner of Health

Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Health to make a one-time charge to your credit card listed below.

By signing this form, you give this department permission to debit your account for the amount indicated, on or after the date this form is submitted to The Westchester County Department of Health.

Please Complete the Information Below

By signing below, I, _____, authorize the Westchester County Department of Health to charge my credit card account indicated below for the amount of _____, for the fees associated with the permit to operate a _____. I understand this is a non-refundable fee and if my application is found deficient or questionable in any way, it will cause a delay in the permit approval process.

Account Type: Visa MasterCard AMEX Discover

Print Cardholder Name (as it appears on card): _____

Account Number: _____ Security Code: _____

Expiration Date: _____ Account Billing Zip Code: _____

CARDHOLDER SIGNATURE: _____ DATE: _____

Cardholder acknowledges receipt of goods and/or services in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer.