



UNION COUNTY HEALTH DEPARTMENT

Authorization for the Union County General Health District to receive payment by Visa/MasterCard

Fax completed form to (937) 645-3047 or
mail to: Union County Health Department,
940 London Ave., Ste 1100, Marysville, OH 43040

Cardholder's Name _____ Date _____

Cardholder's Address _____

Cardholder's Telephone Number _____

Cardholder's Facsimile Number _____

Cardholder's Driver's License Number _____

Credit Card Number _____

Credit Card Type MasterCard Visa

CV Code (3-digit code on back of card) _____

Expiration Date ____/____/____ Amount Authorized \$ _____

By signing below, you indicate you have read and understand the above written information and fully understand that by signing this form you are authorizing the Union County General Health District to charge your credit/debit card for payment upon your request in person or by telephone.

Signature of cardholder _____ Date _____

OFFICE USE ONLY:

Transaction authorization number _____ (Attach copy of sales slip)

UCHD employee name _____

Confidentiality Notice

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and prohibited from redisclosure under applicable law. If the reader of this notice is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return these papers to us at the address shown above via first class mail. Thank you.