

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

Credit Card Authorization Form

Date: _____

To: Environmental Public Health/Florida Department of Health in Volusia County

From: _____
(Facility Name)

(Facility Street Address)

(City, State, Zip Code)

(Facility Phone Number)

(Facility Fax Number)

(Email Address)

Credit Card Number: _____

Type of Card: _____
(Please indicate Visa, MasterCard, American Express, or Discover Card)

Expiration Date: _____ CVV: _____ Total Charge Approved: _____

I, the undersigned, provide this written notice as authorization to use the above listed credit card number for any fees associated with the inspection or permitting of any facility by the Volusia County Health Department, Environmental Public Health Program.

Print Name of Cardholder: _____

Signature of Cardholder: _____

Please fax this completed form to (386) 822-6251.

Once this credit card has been charged and payment has been credited to the correct facility, this office will fax or email a receipt for the amount charged to the credit card. **Please ensure that your fax number is listed in the appropriate space above.**

For any questions regarding this form, please call the Environmental Public Health Office, (386) 822-6250, between 8 a.m. and 5 p.m., Monday through Friday.

Please place an "X" after one of the following choices:

Please shred this credit card authorization after use, as this was a one-time approval ____.

Please keep this credit card authorization on file for future invoice payments ____.

