



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102
Howell, Michigan 48843-7578
www.lchd.org

Personal/Preventive Health Services
517-546-9858
Fax: 517-546-9853

Environmental Health Services
517-546-9858
Fax: 517-546-9853

CREDIT/DEBIT CARD AUTHORIZATION

If you desire the convenience of charging payments with your credit/debit card, simply fill out all the information below. Upon approval, we will then process your credit card for amount(s) due and your total charges will appear on your card's monthly statement. You must fill out one of these authorization forms *each time* you wish to charge for services at the Livingston County Health Department - Environmental Health Division, and return it by e-mail or by fax. **PLEASE PRINT CLEARLY** (except for your signature).

Name on credit/debit card (exactly as printed) _____

Billing address of credit/debit card holder (Street, Apt#) _____

City, State, Zip _____

CREDIT/DEBIT CARD Number & V-Code # _____ V-Code _____
(V-Code is the last three digits on reverse side of card)

Expiration Date _____ MASTERCARD VISA AMERICAN EXPRESS DISCOVER

Signature _____

Today's Date _____

Daytime Telephone Number _____

Daytime Pager/Cell Number _____

Fax Number or E-mail _____

I authorize Livingston County Health Department to process charge(s) on my credit/debit card listed above as specified below:

Payment Amount:

(NOTE: Statement will reflect a 3% Convenience Fee)

Address Of Project _____

Township _____

Permit Holder's Name _____

Fee Type: Permit Application Re-inspection Fee (Permit # _____) Other Fee

(Please explain other fee:) _____

INCOMPLETE CREDIT CARD INFORMATION: If any necessary information is missing (or if the transaction is invalid for any reason), a representative of the Livingston County Health Department will contact the sender as soon as possible. If the sender cannot be contacted, nothing will be processed until the required information can be gathered.