



Parke County Health Department

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Credit/Debit Card Payment Authorization Form

Please complete and sign this form to authorize the Parke County Health Department to make a debit to your credit/debit card listed below. By signing this form you give us permission to debit your account for any fees due.

Please complete the information below:

I, _____ authorize the Parke County Auditor to charge my credit card account in an amount due for licenses, permits, or vital record searches and productions on or after _____.

Signature _____

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. 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.

Name _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

****Disclaimer:** The Parke County Health Dept will not retain credit/debit card information, upon authorization of applicable fees, everything below line will be destroyed.

Office Use Only:

Authorization Number _____ Initials _____ Date of transaction _____

Account Type: Visa MasterCard Discover

Account Number _____ Expiration Date _____

3 Digit Security Code _____