

Recurring Credit Card Payment Authorization

You authorize your annual renewal fees to be charged to the credit card listed below. A receipt for the payment will be provided to you via email and the charge will appear on your credit/debit card statement.

I, _____ authorize Lawrence-Douglas County Health Department to charge my credit card for the annual dues.

In signing up for auto-renew, I will receive a 10% discount on my annual fee.

Signature of card holder: _____ Date: _____

You can pay your annual dues online: <https://ldchealth.org/312/Pay-Fees-Online>

You can email a copy of this form to mhartford@ldchealth.org or mail to 200 Maine Street, Suite B, Lawrence, Kansas 66044.



Lawrence-Douglas County Health
Department



@ldchealth



200 Maine, Suite B
Lawrence, KS 66044-1396

OFFICE: 785.843.3060

CLINIC: 785.843.0721

ldchealth.org