



Multnomah County Wellness
 Inter-office Mail: 503/4/Wellness
 U.S. Mail: 501 SE Hawthorne Ste 400, Portland OR 97214
 Phone: (503) 988-3477, or, (503) 988-6524
 Questions? wellness.program@multco.us

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Multnomah County Wellness to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Multnomah County Wellness to charge my credit card
 (full name)
 account indicated below:

Quantity	X	Item	Subtotal
	X	\$40 for each 1 day per week registration (or Circuit Training)	= \$
	X	\$75 for each two day per week registration	= \$
	X	\$25 for Breast Pump Loan Program non-refundable deposit	= \$
			\$

Your Information (All information below must be filled out completely):

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

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, and is valid for one time use 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.