



KANKAKEE COUNTY HEALTH DEPARTMENT

2390 West Station Street
Kankakee, Illinois 60901
Phone: 815-802-9400
Fax: 815-802-9391
www.kankakeehealth.org

When you provide a check as payment, you authorize us to use information from your check to process a one-time electronic Funds Transfer (EFT) or a draft drawn from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. If your payment is returned unpaid, you authorize the collection of your payment plus a return fee of \$25.00 by EFT or drafts drawn from your account. Credit card instructions are below.

If you would like to pay by credit card, please fill out the following information:

() Please charge my credit card for the amount as indicated above per the Annual Fee Schedule

Card Type (Please Circle): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____

CVS#: _____ EXP. DATE: ____/____