

PAYMENT AUTHORIZATION

Purpose: Customers fax this form to DMV - Use Agreement Services for payment authorization.

Instructions: This form **MUST** be faxed; do not email nor send it through the USPS.

CUSTOMER INFORMATION				
NAME			DRIVER LICENSE/CUSTOMER NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE (required)	BIRTH DATE (mm/dd/yyyy)

PAYMENT AUTHORIZATION			
CREDIT CARD (check one) <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	NAME APPEARING ON CREDIT CARD	DAYTIME TELEPHONE NUMBER	AMOUNT TO BE CHARGED \$
	CREDIT CARD NUMBER		EXPIRATION DATE (mm/yy)
I authorize DMV to charge the credit card account listed.		CARD HOLDER SIGNATURE	DATE (mm/dd/yyyy)

TRANSACTION/FAX INFORMATION		
Use Agreement Services		
Fax this completed form to: (804) 367-2536		
Application(s) (\$25) (Form US 532A - Commercial Information Use Application and/or Form US 532 E/ER - Application for Extranet Transaction Access)	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
Authorized Access Credential(s) (\$65/each user requested) (include Form US 002 - Use Agreement Services Access Request)	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
Ad Hoc Requests (TBD) (include official request for information wanted and how the information will be used)	DEPOSIT AMOUNT <input type="checkbox"/>	FULL AMOUNT <input type="checkbox"/>
Disclosure(s) (\$15) (include Form CRD 93 - Information Request - with a brief description of what you believe may have occurred and the time period you want disclosed - maximum three (3) years)		FULL AMOUNT <input type="checkbox"/>