



CREDIT CARD PAYMENT AUTHORIZATION

Please enter required information, sign and date at the bottom. Mail or fax form.



CARD NUMBER

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Verification Code

3-4 digit non-embossed number found on the card signature panel

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Expiration Date

MO				YR		
		/				

Name (as it appears on the credit card):

Billing Address:
Street City State Zip

Telephone Number: - -

Payment Amount \$ Purpose of Payment:
(e.g. renewal, application)

I agree to pay the above amount per the card issuer agreement.

Signature _____ Date _____

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.
office use only