DPSST

CREDIT CARD AUTHORIZATION

508c

Confidential Fax (503) 378-4600

DPSST accepts credit and debit cards with the VISA or MasterCard logo. Credit card transactions may be authorized via this form. Please complete sections A, B, & C and submit via fax, mail, or hand delivery — DPSST will not accept a form submitted by email. DPSST does not keep credit card number information on file. A new form 508c must be submitted for each authorized payment.

1. Nam	ne as it appears on card:					
2. Billir	ng Zip Code:		5. Phone Number			
4a. e-N	4a. e-Mail Address (for transaction receipt):			4b. Verify E-Mail Address:		
	hecking this box, I understand that sent to use my electronic signature		n to manually s	ign this document, but here	by affirmatively	
	7. Printed authorized signer's name			8. Signature of authorized signer		
CTION B: CR	EDIT CARD PAYMENT AUTHORIZ	ATION				
10a. D e	10a. Description (Fee type, copies, AR#, etc.)		10b. Name & DPSST # (if applicable/known)		10c. Amount	
3						
	ADDOCT.	CCTT C		TOTAL		
se contact DPSST or visit www.Oregon.gov/DPSST for the mos schedule. Incorrect fee amounts may delay processing.			e most recent	TOTAL APPROVED:		
PSST USE (DNLY			*Payments to DPSST m	ay be non-refundab	
_ast 4 #'s of card:			Date Rec	ate Received:		
	 DIT CARD NUMBER					
Cred	Credit Card Number:			Expiration date: MM/YY		