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.**

SECTION	Name as it appears on card:							
	2a. Billing Address:				2b. C	2b. City, State, Zip:		
	3a. Mailing (Shipping) Address:				3b. C	3b. City, State, Zip:		
A	4a. e-Mail Address (for transaction receipt):				4b. Ve	4b. Verify e-Mail Address:		
	5. Phone Number () 7. Printed authorized signer's name					6. Fax Number ()		
					8. Sig	8. Signature of authorized signer		
SECTION B: CREDIT CARD PAYMENT AUTHORIZATION								
	10a. Description (Fee type, copies, AR#, etc.)			10b. Na	me & DPSS	T # (if applicable/known)	10c. Amount *	
В								
Please contact DPSST or visit www.Oregon.gov/DPSST for					nost recent	TOTA	L	
fee schedule. Incorrect fee amounts may delay processing.						APPROVED		
FOR DPSST USE ONLY					1	*Payments to DPSST may be non-refundable.		
Received: PCA: Obju				ject:		Post Date/Initials:		
SECTION C: CREDIT CARD NUMBER								
Credit Card Number:						E	xpiration date: MM/YY	
U VISA □ MasterCard								