



Credit Card Payment Form

To: Authorized E-Payment Customer

From: Financial Services Revenue Section

Subject: Electronic Payment

Payment by ACH:

State of Oregon DEQ is registered in the federal System for Award Management (SAM) database (<https://www.sam.gov/portal/public/SAM/>) under DUNS number 809579709 as the Oregon Department of Environmental Quality. Please include the invoice number in the payment notification. If ACH payment instructions or more information is needed, please call us at **503-229-6719** or **503-229-6952**.

Payment by Credit/Debit Card:

Fill out the form below (or one of your own) and **return it by fax (503-229-6730) or email it as a PDF file to: DEQAR@deq.state.or.us**. In either case, the cardholder's signature must appear on the form we receive in order for the credit/debit transaction to occur.

After submitting the form, please call one of the above numbers and provide us with your credit/debit card account number, expiration date, and card verification value (CVV). Because we cannot store cardholder data overnight, **you must call no later than 3:30 p.m. PST in order for the transaction to be processed the same business day. (Note: we must have your form as well).**

If you cannot reach us by phone, please send us an email at DEQAR@deq.state.or.us with your phone number only and we will get back to you.

1. Card type:	<input type="checkbox"/> Credit	<input type="checkbox"/> Debit (By selecting debit, you authorize DEQ to run a debit card as a credit card transaction)
2. Card logo:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
3. Card account:	<input type="checkbox"/> Personal	<input type="checkbox"/> Business/Corporate
4. Company name:		
5. Billing address (include city, state and zip code):		
6. Printed name of cardholder:		

7. Cardholder's signature: _____

8. List of invoices you are paying or description of other items being paid (if payment is for an application, please submit the first page with this form):

9. Total amount authorized: \$ _____

10. Telephone number of contact person in case we have questions: _____

We will send your receipt to the email or mailing address you provide.

If you have additional questions, please do not hesitate to call us at 503-229-5412 or 503-229-5455. Thank you.