## **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.** 

SECTI	1. Name as it appe		RIVIATION	<u> </u>						
	2a. Billing Address:				2b. City, State, Zip:					
	3a. Mailing (Shipping) Address:					3b. City, State, Zip:				
A	4a. e-Mail Address (for transaction receipt):				4b. Verify e-Mail Address:					
	5. Phone Number					6. Fax Number				
	7. Printed authorized signer's name					Signature of authorized signer				
SECTI	ON B: CREDIT CARD	PAYMENT AU	THORIZAT	ΓΙΟΝ						
	10a. <b>Description</b> (F	ee type, copies, A	AR#, etc.)	10b.	Name (	& DPSS	<b>T</b> # (if applicable/k	(nown)	10c. Amount *	
В										
Please contact DPSST or visit <a href="www.Oregon.gov/DPSST">www.Oregon.gov/DPSST</a> for the mofee schedule. Incorrect fee amounts may delay processing.						recent	T( APPRO	OTAL VED:		
FOR F	PSST USE ONLY						*Paymer	ıts to DI	PSST may be non-	efundable.
				bject:			Post Date/Initials:			
SECTI	ON C: CREDIT CARD	NUMBER								
	Credit Card Number:						Expiration date: MM/YY CVC:			
C	□ VISA □ MasterC	ard								