



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218
Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcls.virginia.gov/pss

Status Hotline
(804) 786-1132
1-877-9STATUS

CREDIT CARD AUTHORIZATION FORM

This form is to be used for **CREDIT CARD PAYMENTS ONLY**. Please do not send this form without a completed application or description of why you are submitting this form, as incomplete forms and applications will be returned resulting in a delay in processing. **VISA, MasterCard, AMEX accepted**

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Security Code _____ *MasterCard and Visa have a 3-digit code on the back of the card. American Express has a 4-digit code on the front of the card.*

Payment Amount: \$ _____ Credit Card Expiration Date: _____ / _____
Month Year

Cardholder Name (Print): _____ DCJS ID: _____

Cardholder's Address: _____
Street Address

City _____ State _____ Zip _____

Cardholder's Signature: _____

Daytime Phone Number: _____

Memo (why are you submitting this form?): _____

Please provide a valid email address to receive a receipt confirmation of payment: _____