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| **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**

**Card Number:** **□□□□□□□□□□□□□□□□**

American Express, Visa, MC

**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:** | **$** |  | **Card Expiration Date:** |  |

*Month/Year*

|  |  |
| --- | --- |
| **Cardholder Name (Print)** |  |
| **Cardholder’s Address:** |  |
|  |  |
|  | **City: State: Zip:** |
| **Cardholder’s Signature:** |  |
| **DCJS ID #:** |  |
| **Daytime Phone Number:** |  |
| **E-Mail***: (in order to receive a receipt confirmation of payment:* |  |
| **Memo** *(why you are  submitting this form?)* |  |