



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
P.O. Box 1300 • Richmond, VA 23218
Phone: (804) 786-4700 • www.dcjs.virginia.gov

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:

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?)