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	ON A: CREDIT CARD	HOLDER INFO	RMATION	J					
	Name as it appear	ars on card:							
	2a. Billing Address:				2b. Ci	ity, State, Zip:			
	3a. Mailing (Shipping) Address:				3b. City, State, Zip:				
A	4a. e-Mail Address		4b. Verify e-Mail Address:						
	5. Phone Number ()				6. Fax Number ()				
	7. Printed authorized signer's name				8. Signature of authorized signer				
SECTI	ON B: CREDIT CARD	PAYMENT AU	THORIZA1	ΓΙΟΝ					
	10a. Description (F	ee type, copies, A	AR#, etc.)	10b. Name	& DPSS	T # (if applicable/kno	own) 10c. Am	ount *	
В									
Dlessa	aontaat DDCCT on		gov/DDGG	T for the mest	rocent	TOT	rat		
Please contact DPSST or visit www.Oregon.gov/DPSST for the most fee schedule. Incorrect fee amounts may delay processing.					recent	APPROV			
EOD L	PSST USE ONLY					*Payments	to DPSST may b	pe non-refundable	
				oject:		Post Date/Initials:			
SECTI	ON C: CREDIT CARD	NUMBER							
52011	Credit Card Number:						Expiration date: MM/YY		
C									
	☐ VISA ☐ MasterC	ard							