



VISA/MasterCard/Discover Authorization Form For Fingerprint Processing Fee

*The Department of Human Services is hereby authorized to charge my
VISA/MasterCard/Discover account as indicated below:*

Contact Name: _____ Phone: (____) _____

Facility Name: _____ Phone: (____) _____

VISA/MasterCard/Discover Account Information

Note: Please print clearly. All information must be exactly as it appears on card/billing statement.

Amount Charged: \$ _____ CVV2/CVC2 (3 digit code on back of card): _____

Card #: _____ Exp Date: _____

Name on Account: _____

Billing Address (as printed on credit card statement): _____

City: _____ State: _____ Zip Code: _____

Name of Authorized Signer: _____

Names of Subject Individuals to be processed. (Print names clearly below.)

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

of Subject Individuals _____ x \$12.00 = Total Amount of Charge \$ _____

Authorized Signature _____ Date: _____

Mail this form along with the corresponding DHS 301s and fingerprint cards to:

**DHS Criminal Records Unit
Attn: Fingerprint Coordinator
PO Box 14870
Salem OR 97309-5066**

For DHS Use Only

Authorization Code: _____ Requested Amount to be Charged: \$ _____

Adjustments: \$ _____ Total Amount to be Charged: \$ _____

SFMA 00717; Merchant ID 1 Date: _____ Worker ID: _____