



PAYMENT AUTHORIZATION FORM

Option 1: CREDIT CARD PAYMENT INFORMATION

Licensee Name:	Email Address: (optional for electronic receipt)	Zip Code:	Expiration Date:
Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> American Express			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Option 2: ELECTRONIC CHECK PAYMENT INFORMATION

Account Holder Name:	Email Address: (optional for electronic receipt)
Transaction Type: <input type="checkbox"/> Personal <input type="checkbox"/> Business	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	Routing Number:
<input type="text"/>	<input type="text"/>

All forms may be mailed to the address above.
 Alternatively, they may be submitted via email or fax to:
 Email: krec@ks.gov
 Fax: 785-296-1771

If you prefer to provide your credit card or electronic check information by phone, call 785-296-3411.

After processing your payment, this document will be shredded.

