

PAYMENT AUTHORIZATION FORM

Option1: CREDIT CARD PAYMENT INFORMATION

Card Holder Name:	Email Address: (for electronic receipt)
Card Number:	Card Expiration Date:

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: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																						Routing Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					

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 payment information by phone, call 785-296-3411.

After processing your payment, this document will be shredded.

Sample Check - U.S. Account (lower left corner)



The Bank Routing # is 9 digits between the ⑆ symbols

The check # should match the # in the upper-right corner

The Checking Account # is usually to the left of ⑆. If check # is left of account #, ignore check #

Note: These three sets of numbers may appear in a different order on your check.