



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

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Status Hotline
(804) 786-1132
1-877-9STATUS

CREDIT CARD AUTHORIZATION FORM

This form is to be used for **CREDIT CARD PAYMENTS ONLY**. Complete and submit with your application. Incomplete forms may be returned resulting in a delay in processing. **VISA, MasterCard, AMEX accepted**

Credit Card Number

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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): _____

DCJS ID: _____

Cardholder's Address: _____
Street Address

_____ City

_____ State

_____ Zip

Cardholder's Signature: _____

Daytime Phone Number: _____

Memo: _____

Please provide a valid email address to receive a receipt confirmation of payment: _____