

Records, Communications and Compliance Division 333 West Nye Lane, Suite 100 Carson City, Nevada 89706 Telephone (775) 684-6262 ~ Fax (775) 687-3232 www.rccd.nv.gov

E-Check Payment Processing Request

Unless otherwise noted all fields are required.
Incomplete forms will result in a delay to processing your payment.

Payment can be called into the Fiscal office at (775) 684-6237 or (775) 687-0172

or emailed to ap@dps.state.nv.us

Company Name:				
Account Number:		Brady	□CNC □Civi	l Applicant
Payment Submitted by (First Name Last Name):			
Billing Address: City, State, Zip				
Telephone Number:				
E-mail Address:				
Physical Address: City, State, Zip □Same as Billing				
-	s the current date. Acco ximately 3 business day		rised actual pro	ocessing of
Payment Amount:	Payment Date:			
Reference (optional):				
Name on Account:				
Account Number:		Account Typ	e: □Checking	□Savings
Routing Number:				
***There will	be a \$25.00 fee assesse	d on ALL returned c	hecks/e-check	·**
Signature (required if form completed by th		d Name	Dat	e
For DPS - Re	cords, Communications	s and Compliance D	ivision Use ON	LY
Statement Balance:				
All information verified by:	Employee Initials	 Date		