



Records, Communications and Compliance Division  
 333 West Nye Lane, Suite 100  
 Carson City, Nevada 89706  
 Telephone (775) 684-6262  
[www.rccd.nv.gov](http://www.rccd.nv.gov)

**CREDIT CARD AUTHORIZATION FORM**

*Please do NOT email this authorization form.  
 Email is NOT a secure form of transmittal to  
 protect your card information.*

PLEASE COMPLETE THE NAME AND ADDRESS INFORMATION BELOW AS IT APPEARS ON THE DEBIT/CREDIT CARD YOU ARE AUTHORIZING PAYMENT ON.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Payment Type: PID On-Account

Name as it appears on the Debit/Credit Card: Same \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IF APPLICABLE:** RCCD Account Name: \_\_\_\_\_

N/A Brady Civil Applicant CNC RCCD Account Number: \_\_\_\_\_

\*Debit/Credit Card Number: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\*Debit/Credit Card Type: Visa Mastercard Discover \*CVV Security Code: \_\_\_\_\_

\*Payment Amount: \$ \_\_\_\_\_ Pursuant to NRS 353.1467, credit card payment of \$10,000 or more are not permitted and cannot be split between multiple payment and/or card types.

\*By signing and initialing below, I authorize the Department of Public Safety – Records, Communications and Compliance Division (RCCD) to charge the debit/credit card identified herein and agree to the following:

- I agree to the payment amount specified above **plus** a 2.25% processing fee (processing fee may show as a  
 1. separate line item on your debit/credit statement).
- 2. I certify that I am an authorized user of the debit/credit card referenced herein.  
 As an authorized user, I will not dispute the transaction with my debit/credit card company so long as the  
 3. transaction corresponds to the terms indicated herein.
- I understand I may be charged an additional \$25.00 in the event the debit/credit card company denies my  
 4. debit/credit card.
- 5. Payments must be received **prior to 3:00p PST** for guaranteed **same day processing**.
- I understand that RCCD is not responsible for delays in processing resulting from reasons beyond our  
 6. control (i.e. incorrect information is provided, financial institution(s) and/or state technical issues, etc.).

Debit/Credit Card Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Verbal Authorization (Print Card Holder's Name)

**RCCD EMPLOYEE MUST COMPLETE ALL AREAS WHEN ACCEPTING PAYMENT OVER THE PHONE.**

\*FOR VERBAL AUTHORIZATIONS ONLY: By initialing and dating this form, RCCD Fiscal Staff Employee acknowledges:  
 (1) they have read the Card Holder the information outlined above and  
 (2) repeated the debit/credit card information back to the caller.

For use by DPS/RCCD Fiscal Staff Only			
Multiple Forms of Payment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check/Money Order/Cashier's Check Reference #	_____
		Check Log Date:	_____
<b>IF APPLICABLE:</b>			
<input type="checkbox"/> N/A	\$ _____	Account Information Verified By	_____
	Statement Balance	(Employee Initials)	Date