

Records, Communications and Compliance Division 333 West Nye Lane #100 Carson City, Nevada 89706 Telephone (775) 684-6262 ~ Fax (775) 684-3116 <u>www.rccd.nv.gov</u>

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) 687-0170 or (775) 687-0172 or faxed to (775) 684-3116. **THIS INFORMATION CANNOT BE EMAILED.**

Company Name:			
Account Number:	□Brady	CNC	□Civil Applicant
Payment Submitted by	(First Name Last Name):		
Billing Address: City, State, Zip			
Telephone Number:	ExtFax Number:		
E-mail Address:			
Physical Address: City, State, Zip □Same as Billing			
	ays the current date. Account Holders are roximately 3 business days.	advised	actual processing of
Payment Amount:	Payment Date:		
Reference (optional):			
Name on Account:			
Account Number:	Account Type: Checking Savings		
Routing Number:			
Any payment on a	ccount returned for Non-Sufficient Funds wi	ll be asses	ssed a \$25.00 fee.
Signature (required if form completed by	Printed Name the Account Holder)		Date

For DPS – Records, Communications and Compliance Division Use ONLY

Statement Balance:

All information verified by:

Employee Initials

Date

Explained to Account Holder there is a 3 day processing time prior to the payment being posted to the account.