



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 Civil Applicant

Payment Submitted by (First Name Last Name): _____

Billing Address: _____
City, State, Zip _____

Telephone Number: _____ Ext. _____ Fax Number: _____

E-mail Address: _____

Physical Address: _____
City, State, Zip _____

Same as Billing _____

Payment Details

Payment Date is always the current date. Account Holders are advised actual processing of
an E-check takes approximately 3 business days. [arrow icon]

Payment Amount: _____ Payment Date: _____

Reference (optional): _____

Name on Account: _____

Account Number: _____ Account Type: Checking Savings

Routing Number: _____

Any payment on account returned for Non-Sufficient Funds will be assessed a \$25.00 fee.

Signature _____ Printed Name _____ Date _____
(required if form completed by the Account Holder)

For DPS - Records, Communications and Compliance Division Use ONLY

Statement Balance: _____ Explained to Account Holder there
is a 3 day processing time prior to the
All information verified by: _____ payment being posted to the account.
Employee Initials Date