CREDIT CARD PAYMENT AUTHORIZATION

970-244-1664

Credit Card (please mark one)
□ Visa
□ MasterCard
□ American Express (4 digit CVV code)
□ Discover

Card Number:

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expire Date: _____/_____ CVV _____ (3 or 4 digit code on back of card)

Card Holder Name:_____

Billing Address:

_____

_____

_____

Phone Number: (_____)_____

E-mail: _____

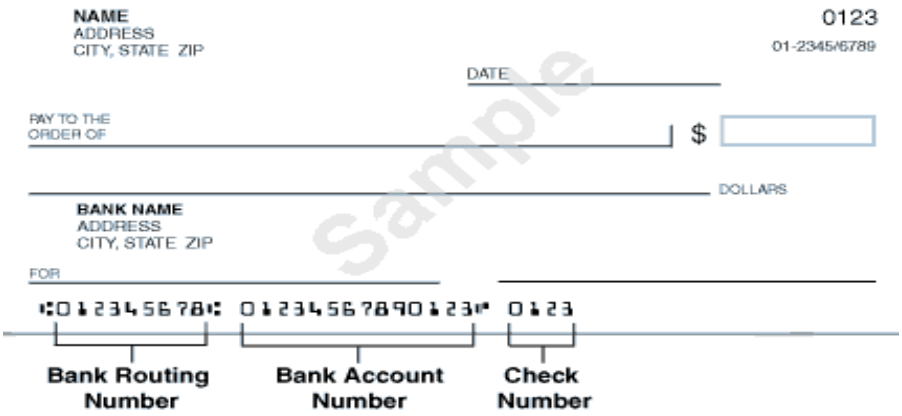
I am requesting payment of my full registration and/or title fees. Please accept my signature of authorization for the charge. *The charge will show on my statement as CO Motor Vehicle Services.*

Signature: _____ Date: _____

E-Check Authorization Form

Account Type (please mark one)

□Personal Checking Account
□Personal Savings Account
□Business Checking Account
□Business Savings Account



Routing Number _____
Account Number_____
Check Number: NOT NEEDED
Account Holder Name _____
Billing Address:

_____
_____
_____

Phone Number (____)_____
E-mail _____

I am requesting payment of my full registration and/or title fees. Please accept my signature of authorization for the charge. The charge will show on my statement as *CO Motor Vehicle Services*.

Signature: _____ Date: _____