



900 Court St NE S-101
Salem, OR 97301-4065
Phone: 503-986-1243
Fax: 503-373-1043

Credit Card/Balance Transfer Payment Form For Agency Drafting

Agency #: _____ Agency Name: _____

Contact Person: _____ Phone: _____

<u>LC #</u>	<u>Amount</u>	<u>LC #</u>	<u>Amount</u>
_____	= \$ _____	_____	= \$ _____
_____	= \$ _____	_____	= \$ _____
_____	= \$ _____	_____	= \$ _____
_____	= \$ _____	_____	= \$ _____
_____	= \$ _____	_____	= \$ _____

Total Amount Due: = _____

PAYMENT METHOD:

Agency BT (AGY 142, TC 722/723, PCA 40000, AOBJ 0205)

* Place LC draft number in REF DOC# field *

BT: _____ App Date: _____ Agy #: _____

VISA

MASTERCARD

Cardholder Name: _____

Signature: _____

Expiration Date: _____ Security Code: _____

Card #: _____