



BANK CARD AUTHORIZATION

Identification and Background Check Section
Washington Access To Criminal History (WATCH)
PO Box 42633, Olympia WA 98504-2633
(360) 534-2000 Ext. 2; Fax (360) 534-2073
<http://watch.wsp.wa.gov>

Bank card payment (VISA, MasterCard, or American Express) is accepted for fees payable to the Washington State Patrol. Complete the following information and submit with the requisite forms for your request. In order to protect bank card information, do not put your bank card number, expiration date, or security code on any form other than this authorization form. All information below must be complete in order to process your card.

I hereby authorize the use of my:

VISA MasterCard American Express

for payment of my fees.

Please enter information as it appears on your bank card statement:

Name _____

Telephone () _____

Address _____

City/State/ZIP _____

Amount Authorized \$ _____

Reason for Payment _____

Signature _____ Date _____

Bank Card Number:

16 empty boxes for entering the bank card number.

Expiration Date (MM/YY):

4 empty boxes for entering the expiration date (MM/YY).

CVV Number/Security Code*:

4 empty boxes for entering the CVV number.

*American Express: 4 numbers on the front of the card

*Visa or MasterCard: Last 3 numbers on the back, to the right of the signature line