



## CREDIT CARD PAYMENT AUTHORIZATION

970-244-1664

PLATE #/VIN #: \_\_\_\_\_

KCW PASS (STATE PARKS PASS): Y \_\_\_\_\_ N \_\_\_\_\_

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. Credit cards will have an additional processing fee of less than 3%.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*PLEASE ATTACH PROOF OF INSURANCE\*\*\*\***

**\*\*COUNTY USE ONLY\*\* DATE OF TRANSACTION:** \_\_\_\_\_



**E-Check Authorization Form**

PLATE #/VIN #: \_\_\_\_\_

KCW PASS (STATE PARKS PASS): Y \_\_\_\_\_ N \_\_\_\_\_

Account Type (please mark one)

- Personal Checking Account
- Personal Savings Account
- Business Checking Account
- Business Savings Account

NAME ADDRESS CITY, STATE ZIP		0123 01-2345/6789
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆0⑆ 2345678⑆	⑆0⑆ 234567890⑆ 23⑆	⑆0⑆ 23
Bank Routing Number	Bank Account Number	Check Number

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. There will be a \$1.00 processing fee for all e-checks.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*\*PLEASE ATTACH PROOF OF INSURANCE\*\*\*\***

**\*\*COUNTY USE ONLY\*\* DATE OF TRANSACTION:** \_\_\_\_\_