

Wichita Tax Commission One (1) Time Credit/Debit Card Payment Authorization

Sign and complete this form to authorize The Wichita Tax Commission to make a one-time charge to your credit/debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your Motor Vehicle account.

I _____ authorize The Wichita Tax Commission to charge my
(Cardholder's Full Name)

card indicated below for \$ _____ + \$8.00 Mail Fee on _____
(Date)

This payment is for (Circle and fill out which option you want to pay for.)

Tag Renewal: WT _____ Personalized Tag _____ or
(Tag Number) (Name/Number on Tag)

New Registration: _____
Year Make Model Last 4 VIN #'s

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the Motor Vehicle Services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my Credit Card Company or bank; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(Cardholder)

DATE _____