



Assessment Rebates Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

CREDIT CARD HOLDER INFORMATION

Please check credit card type:

Visa Master Card Discover American Express

Credit card number: _____ Expiration date: ____/____/____ (mm/yy)

Exact name as it appears on the credit card: _____

Billing Zip Code: _____ Total Amount to be charged: \$ _____

Primary phone number: _____ Secondary phone number: _____

Cardholder Signature: _____ Date: ____/____/____ (mm/dd/yy)

DUI PROGRAM INFORMATION

Program Owner: _____ Email Address: _____

Name of Program: _____ Cert #: _____ Amount \$: _____

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Please send this credit/debit card payment form and Assessment Rosters to:

Georgia Department of Driver Services

ATTN: Finance

P.O. Box 80447

Conyers, GA 30013

or

FAX: (678) 413-8688

This Credit Card Payment Voucher is for Risk Reduction Assessment Rebates ONLY.