



COLLECTION OF PAYMENT INFORMATION

State Form 56163 (R4 / 8-25)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 5-27-3-1

BUREAU OF MOTOR VEHICLES

Central Office Finance
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Enter the amount to be charged and the payment type information in Section 2. Payment may be made by Visa, MasterCard, Discover, or electronic check. If enclosing a check, money order, cashier's check, or certified check, this form is not required.
 3. Mail this form to the address that is specified on the application being submitted and for which you are making payment.
 4. This form will be destroyed immediately after payment has been processed.

SECTION 1 - ACCOUNT HOLDER INFORMATION

Account Holder (first, middle, last name or company name)	Driver's License Number or Federal Identification Number	Telephone Number	
Billing Address (number and street)	City	State	ZIP Code

SECTION 2 - PAYMENT INFORMATION

Amount to be Charged: \$ _____	Description of the service / application to which the payment is related
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CREDIT CARD PAYMENT

Type of Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card Number: _____ - _____ - _____ - _____	Expiration Date (mm/yy): ____ / ____			

ELECTRONIC CHECK PAYMENT

Routing Number
Account Number

SECTION 3 - AFFIRMATION STATEMENT

I hereby authorize the Indiana Bureau of Motor Vehicles to charge the account indicated above.		
Signature of Account Holder / Authorized User	Printed Name	Date Signed (mm/dd/yyyy)