



## 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, American Express, 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	
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)