



West Virginia Secretary of State  
Business & Licensing Division  
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## e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

**Service Type:** ☐ Fax ☐ E-mail ☐ Mail

### **Payment by Card** *(card holder name and billing address required below)*

**Card Type:** ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

**Credit Card Number:**

**V Code\***

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\* 3-digit number on back of VISA, MasterCard and Discover cards.  
4-digit number on front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

**Credit Card Expiration Date:** Month:  Year:

**Amount to Charge Card:** USD \$

### **Order Information** *(required)*

**Entity Name:**

### **Card Holder Information:**

Name as it appears on the account   
Billing Address   
City  State  Zip Code   
Telephone  Ext.

### **Payment Information Storage Authorization** *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

**X**  Date

Authorized Signature

### **Payment Authorization** *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  Date

Authorized Signature

**Not to Exceed Amount:** USD \$