

# SEX OFFENDER UNIT

## COLORADO DEPARTMENT OF PUBLIC SAFETY CREDIT CARD AUTHORIZATION FORM

(BLUE INK PLEASE)

I authorize you to bill my credit card account for \$ \_\_\_\_\_

**\*If you miscalculate the “total amount due”, your card will automatically be billed the correct amount.  
Please check your invoice when your statement arrives for the actual amount billed to your card.**

Circle Card Type



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Signature