www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

APPLICATIONS, TOKENS, AD HOC REQUESTS and DISCLOSURES

PAYMENT AUTHORIZATION

Purpose: Customers fax this form to DMV for payment authorization.

Instructions: **Do not mail this form.** Fax the completed form to the applicable fax number listed in the Transaction/Fax Information section.

CUSTOMER INFORMATION

NAME			DRIVER LICENSE/CUSTOMER NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE (required)	BIRTH DATE (mm/dd/yyyy)

PAYMENT AUTHORIZATION

CREDIT CARD (check one)	NAME APPEARING ON CREDIT CARD	DAYTIME TELEPHONE NUMBER	AMOUNT TO BE CHARGED
☐ MASTERCARD ☐ VISA		( )	$
☐ DISCOVER ☐ AMERICAN EXPRESS	CREDIT CARD NUMBER		EXPIRATION DATE (mm/yy)
I authorize DMV to charge the credit card account listed.	CARD HOLDER SIGNATURE		DATE (mm/dd/yyyy)

TRANSACTION/FAX INFORMATION

Use Agreement Services

Fax this completed form to: (804) 367-2536

Application(s) (include Form US 531A - Information Use Application and/or Form US 531E - Application for Extranet Transaction Access)	NEW ☐	RENEWAL ☐
Token(s) (include Form US 002 - Logon ID Request for Extranet/MoveIt)	NEW ☐	RENEWAL ☐
Ad Hoc Requests (include official request for information wanted and how the information will be used)	DEPOSIT AMOUNT ☐	FULL AMOUNT ☐
Disclosure(s) (include Form CRD 93 - Information Request - with a brief description of what you believe may have occurred and the time period you want disclosed - maximum three (3) years)		FULL AMOUNT ☐