



Email completed form to [fiscalservices@dps.state.nv.us](mailto:fiscalservices@dps.state.nv.us)

or

Fax completed form to: 775-684-2699

**Bin Number** \_\_\_\_\_ **Name on Bin** \_\_\_\_\_

**Customer Address (Address as it appears on bank account)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Payment Details (list dollars and cents below)**

Restitution Dollar Amount \_\_\_\_\_ Case # \_\_\_\_\_

Supervision Dollar Amount \_\_\_\_\_

Other (specify account) \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Name on Checking Account \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Check Number \_\_\_\_\_

By signing this document I am confirming that I am authorizing a payment in the amount list above to be processed as an electronic funds transfer or draft drawn from my account. If your payment is returned unpaid, you authorize us or our service provider to collect the payment and a return item fee of \$25.00 by electronic funds transfer(s) or draft(s) drawn from your account. Do you agree and authorize the payment?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date