

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
REEMPLOYMENT ASSISTANCE DIVISION
420 S. Roosevelt St., PO Box 4730, Aberdeen, SD 57402-4730
Tel: 605.626.7649 Fax: 605.626.2216 dlr.sd.gov/ra

CREDIT CARD AUTHORIZATION

Payment Options

- One-Time, process on: ___/___/_____
(MM/DD/YYYY)
- Recurring: 5th day of the month 25th day of the month or Both
Start on ___/___/_____
(MM/DD/YYYY)

Credit Card Information

- Visa Card Number: _____ - _____ - _____ - _____
 Mastercard
 Discover Expiration Date: ___/___ CVC: _____
 American Express (MM/YYYY)

Payment Amount: \$

Card Holder's Name

(as it appears on the card listed above)

First Name: _____ Middle Initial: _____
Last Name: _____ SSN Number: _____ - _____ - _____

Claimant's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____ - _____

By signing this form, I authorize the Department of Labor and Regulation (DLR), Reemployment Assistance Division to charge my credit card. I understand in the event this payment cannot be processed, this method of payment will be canceled and I will be notified in writing of such action.

Signature of Card Holder: _____ Date ___/___/_____

Special Instructions: _____

For Accounting Use Only	
Processed By:	
Date Processed:	