

Department of Health and Human Services

Program Support Center Head Quarters

INDIVIDUAL/BUSINESS INDICATOR

I B

INVOICE OR TICKET NUMBER

BUSINESS NAME

CONTRACT/AGREEMENT NUMBER

FIRST NAME

LAST NAME

PAYMENT AMOUNT

PAYMENT TYPE (Pick One)

ACH Credit Card

ACH INFORMATION

CREDIT CARD INFORMATION

ABA/RTN

ACCOUNT NUMBER

CARD EXPIRATION DATE

BANK ACCOUNT NUMBER

CARDS ACCEPTED (Choose which card you are using)

VISA MC DISCOVER AMERICAN EXPRESS

POINT OF CONTACT

FIRST NAME

LAST NAME

TELEPHONE

EXTENSION

Submit Data