

Department of Health and Human Services

Program Support Center Head Quarters

Individual/Business Indicator

- Individual
 Business

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