

Please do not email form

Audit and Agreed Upon Procedure (AUP) Credit Card Authorization Form

Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____

Receipt (Y/N): _____ Fax Number for Receipt: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Authorization (Signature): _____

By submitting the Credit Card Authorization Form, I am authorizing the Kansas Department of Administration to charge the credit card indicated in this authorization form for the amount indicated below. This payment authorization is for the services described below, in the amount indicated below only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.

Fiscal Year	Description	Unit Price	Total Amount
	USD, Community College, All other education institutions	\$100	
	Rural Water Districts	\$100	
	County, City, Townships	\$175	
	Recreation Commission, Special Districts, Other Municipalities	\$175	
		Total	

Provide Name(s) of Municipality Submitting AUP or Audit Filing Fee

Please mail or fax the completed form to Municipal Services Team:

Mail: Office of Accounts and Reports

Attn: Municipal Services Team

700 SW Harrison Street, Suite 300

Topeka, KS 66603

Fax: 785-296-1477

For questions or assistance, please contact Stacy Jaramillo (stacy.jaramillo@ks.gov/785-296-6033)