PAYMENT INFORMATION

PERSONAL CHECKS ARE NOT ACCEPTED

ICON:
Agent:

Name:
Current Address:

Supervision Fee Amount: $_____

Payable to:
Department of Correctional Services (DCS) Money Order Cashiers Check Credit/Debit Card

CHARGE TO: MasterCard VISA Debit Card (Visa or MasterCard logo must appear on card)

I authorize amount(s) noted above as a Credit Card payment to be charged to this account:

Acct. No:_____ Exp. Date:_____

Signature of cardholder:_____ Today's Date:_____

Mail payment to: Department of Correctional Services, 105 E. Carleton, Toledo, IA 52342

A receipt will be mailed to you after the payment is processed.