


PAYMENT SLIP 	Offender Name: _____	ICON # _____
	Payment Amount: \$ _____	
	Payable to: Department of Correctional Services (DCS) Mail to: 951 29 th Ave SW, Cedar Rapids IA 52404	
	ENCLOSED: <input type="checkbox"/> Money Order <input type="checkbox"/> Cashiers Check PESONAL CHECKS NOT ACCEPTED CHARGE TO: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Debit Card (Visa or MasterCard logo must appear on card)	
Card Holder Name _____		
Card Billing Address _____		Card Holder Contact Phone _____
I authorize payment amount noted above as a Credit Card payment to be charged to this account: Acct. No: _____ Exp. Date: ____ / ____ Card Holder Signature: X _____ Date: _____ Send receipt to: _____ Provide Email or Mailing Address _____		