



Department of Public Safety and Correctional Services

Maryland Police and Correctional Training Commissions

6852 4th Street • Sykesville • Maryland 21784

(410) 875-3400 • FAX (410) 875-3975 • V/TTY (800) 735-2258 • www.dpssc.maryland.gov/aboutdpssc/pct

CREDIT CARD PAYMENT INFORMATION

Complete and fax this form to the MPCTC Finance Dept: (410) 875-3533

THIS FORM IS FOR PAYMENT PURPOSE ONLY. THIS IS NOT A COURSE OR LODGING FORM!

*NOTE: State Agencies must process RSTARS transfers. Credit card forms are not accepted.

ONLY Cards Accepted

Card Type: ___ Visa (CHECK ONE)

___ MasterCard

Card Type: ___ Personal Credit Card (CHECK ONE)

___ Business/Corporate Credit Card*

Check One

___ One time only charge

___ To be used for this charge and kept on file for future use

Purpose: ___ Registration (CHECK ONE)

Program Name: _____

Program Date: _____

Attendee(s): _____

___ Lodging Dates: _____

___ Digest of Criminal Laws Order # _____

___ Other

PLEASE TYPE OR PRINT CLEARLY

Name of Card Holder: _____ (AS IT APPEARS ON CREDIT CARD)

Card # _____ - _____ - _____ - _____ Exp Date _____ / _____ CVV# _____ Amount _____ (16 DIGITS MM/YY (on back of CC))

Credit Card Statement Address: _____

State: _____ Zip Code: _____

Card Holders Signature: _____

Card Holders Phone Number: _____ Agency Name: _____

If receipt is requested, please provide email address: _____