

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**REEMPLOYMENT ASSISTANCE DIVISION**  
420 S. Roosevelt St., PO Box 4730, Aberdeen, SD 57402-4730  
Tel: 605.626.7649 Fax: 605.626.2216 dlr.sd.gov/ra

**CREDIT CARD AUTHORIZATION-BPC**

**Payment Options**

One-Time, process on: \_\_\_\_\_  
(MM/DD/YYYY)

Recurring – choose one or two dates for payment (6-24): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Start on: \_\_\_\_\_  
(MM/DD/YYYY)

**Credit Card Information**

- Visa
- Mastercard
- Discover
- American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_  
(MM/YYYY)

**Payment Amount: \$**

**Card Holder's Name**

(as it appears on the card listed above)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN Number: \_\_\_\_\_

Claimant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*By signing this form, I authorize the Department of Labor and Regulation (DLR), Reemployment Assistance Division to charge my credit card. I understand in the event this payment cannot be processed, this method of payment will be canceled, and I will be notified in writing of such action.*

**Form must be mailed or faxed, credit card information or payments cannot be accepted via email.**

Signature of Card Holder: \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions:

For Accounting Use Only	
Processed By:	
Date Processed:	