

**Department of Health and Human Services**  
**Program Support Center Head Quarters**

INDIVIDUAL/BUSINESS INDICATOR     I     B

INVOICE OR TICKET NUMBER

BUSINESS NAME

CONTRACT/AGREEMENT NUMBER

FIRST NAME

LAST NAME

PAYMENT AMOUNT

\$0.00

PAYMENT TYPE (Pick One)

ACH

Credit Card

ACH INFORMATION

CREDIT CARD INFORMATION

ABA/RTN

ACCOUNT NUMBER

CARD EXPIRATION DATE

BANK ACCOUNT NUMBER

CARDS ACCEPTED (Choose which card you are using)

VISA

MC

DISCOVER

AMERICAN EXPRESS

POINT OF CONTACT

FIRST NAME

LAST NAME

TELEPHONE

EXTENSION