



ELECTRONIC PAYMENT FORM

Acceptable cards are Visa, MasterCard, Discover, American Express or Pay by Electronic Check

Cardholder/Name on Check (please print) _____

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

E-mail Address for receipt _____

Payment Method: Visa MasterCard Discover American Express Electronic Check

Credit Card Number: _____

Credit Card Expiration Date: _____

Account Number: _____

Routing Number: _____

Total Amount Charged \$ _____

Signature: _____

Date: _____

Send this form to: **Division of Conservation, Kansas Department of Agriculture, 1320 Research Park Drive,
Manhattan, Kansas, 66502. OFFICE 785-564-6620 FAX 785-564-6778**

OR

Email to: christina.koelzer@ks.gov

For Kansas Department of Agriculture Use Only

Approval Code: _____ TR # _____