

South Dakota Department of Labor & Regulation  
**Unemployment Insurance (UI) Division**  
 420 S. Roosevelt St., PO Box 4730, Aberdeen, SD 57402-4730  
 Tel: 605.626.7649 Fax: 605.626.2216 www.sdjobs.org

**CREDIT CARD AUTHORIZATION-BPC**

**Payment Options**

- One-Time, process on: \_\_\_/\_\_\_/\_\_\_  
 (MM/DD/YYYY)
- Recurring:     5<sup>th</sup> day of the month     25<sup>th</sup> day of the month     or Both  
 Start on \_\_\_/\_\_\_/\_\_\_  
 (MM/DD/YYYY)

**Credit Card Information**

- Visa                                      Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Mastercard  
 Discover                                    Expiration Date: \_\_\_/\_\_\_    CVC: \_\_\_\_\_  
 American Express                      (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 SD Department of Labor & Regulation, Unemployment Insurance 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.*

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

**Special Instructions:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Accounting Use Only	
Processed By:	
Date Processed:	