



The City of New York  
Business Integrity  
Commission

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Commissioner and Chair

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## Direct Payment Authorization Form

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Transaction

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
BIC File #

\_\_\_\_\_  
TW Violations #

License    CL. 1 Self Hauler    CL. 2 C&D    CL. 2 Broker    Investigations    Decals    Fingerprint

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt/Suite #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone #

### Method of Payment (check one)

**Credit Card Draft**

**Debit Card Draft**

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Name of Card Holder

Visa    Master Card    AMEX    Discover

\_\_\_\_\_  
Debit Card Account Number (15 to 16 digits)

\_\_\_\_\_  
Credit Card Account Number (15 to 16 digits)

\_\_\_\_\_  
Expiration Date (MM/YY)

\_\_\_\_\_  
Expiration Date (MM/YY)

\$ \_\_\_\_\_  
Amount to be Charged plus a convenience fee of 2.49% of the above amount charged.

\_\_\_\_\_  
Security Code (3 to 4 digits)

\$ \_\_\_\_\_  
Amount to be Charged plus a convenience fee of 2.49% of the above amount charged.

\_\_\_\_\_  
Authorization #

\_\_\_\_\_  
Authorization #

**I agree to pay the above total amounts according to card issuer payment authorization.**

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

#### BIC OFFICE USE ONLY

\_\_\_\_\_  
BIC Employee Name (print name)

\_\_\_\_\_  
Date