



Texas Department of Motor Vehicles

**PAYMENT AND MAILING INSTRUCTIONS**

Payment can be made by Credit Card, Personal Check, Money Order, Cashier Check, or Wire Transfer.

Payment and Mailing Information:		
METHOD OF PAYMENT	INSTRUCTIONS	FORWARD TO:
<b>Credit Card</b> Amount must be between \$5 and \$2000 (A fee of \$1.00 will be added to each Credit Card Transaction)	Complete the "Payment By Credit Card" form included on the next page. Mail form and documents or fax form and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
		Fax: (512) 465-3599
<b>Check or Money Order</b> (A fee of \$30 will be charged for returned checks)	Pay to: Texas Department of Motor Vehicles Mail check/money order and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044
<b>Wire Transfer</b>	Call or email to let us know to expect the wire. Fax or email your documents the same day you send the transfer. Call: (512) 465-7327 Fax: (512) 465-3599 Email: MVD_Licensing_Inquiries@TxDMV.gov	Financial Institution: <u>Comptroller, Austin, TX</u> Routing Number: <u>114900164</u> Account Name: <u>Comptroller of Public Accounts, Treasury Operations</u> Account No. to Credit: <u>463600001</u> Reference: <u>(i.e. - Remitter's name)</u> Attention: <u>608-Texas Department of Motor Vehicles, Motor Vehicle Division</u> <u>Chema Sanchez or Keith Parker</u>

Documents Only - No Payment Being Forwarded		
Item being submitted	INSTRUCTIONS	FORWARD TO:
<b>Documents for the Motor Vehicle Division</b>	Mail or fax documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
		Fax: (512) 465-3599
<b>Request for an Open Record or Subpoena</b>	Fax signed request	Administration (512) 465-3666 Consumer Affairs (512) 374-5499 Enforcement (512) 374-5496

Overnight mail to a post office box can only be delivered by the United States Postal Service.



Texas Department of Motor Vehicles

Form 2293: PAYMENT BY CREDIT CARD

This form is for credit card payment information only.

This form does not constitute a request for services.

TO: MOTOR VEHICLE DIVISION
ATTENTION:
DATE:
MVD FAX #: (512) 465-3599
Check appropriate box:
Civil Penalty, Open Records, Lemon Law Fee, Protest fee, Licensing Fee, Subpoena, Insufficient Funds Fee

Comment:

Applicant Name:
Assumed Name:
Name on Credit Card:
Billing Street, City, State, Zip:
Phone:
Fax:
Docket No. (if applicable)
License No. (if applicable)
Invoice Number:

MVD USE ONLY
ENTRY RECORD
Date
AC#
Amount
Agent

Credit Card Information:
Credit Card Type: Visa, MasterCard, Discover, American Express
Credit Card Number
Expiration Date (month/year)
\$ Amount Approved (Add \$1 fee)
Signature
AMOUNT MUST BE BETWEEN \$5 and \$2000