



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-7479 fax
<http://abc.ky.gov>

REMITTANCE FORM

*******There will be a 2.75% Convenience Fee added to the total for Credit Card payments and \$0.35 for Electronic Fund Transfer/Automated Clearing House (EFT/ACH) payments*******

Please fill out the information for the chosen payment type and sign at the bottom of the page.

Please provide your name, address and telephone number in case we need to contact you regarding this payment:

Name _____ Address _____
Telephone Number _____ Amount of payment \$ _____

EFT/ACH PAYMENT

Print Name (as it appears on the account) _____
Routing Number _____ Account Number _____

CREDIT CARD PAYMENT

Card type VISA Mastercard Discover
Print Name (as it appears on the card) _____
Card Number _____ Expiration Date (Month/Year) _____
CVV/Credit Card Security Code (3 digit number on the back of the card) _____

PAYMENT REASON & AUTHORIZATION

Please apply this payment to the following licensee _____
License Number(s) _____ SITE ID # _____
Reason for payment _____

By signing and dating this form, I authorize my credit card to be charged or bank account to be debited for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Name _____ Date _____