

PRE-PAID ACCOUNT DEPOSIT (PAD) REGISTRATION FORM

Complete this form to register for a pre-paid (PAD) account. We will issue you a six digit account number for your use on filings.

The PAD account can be used for all services and filings with the Secretary of State's Office.

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail: _____

Initial Deposit Amount (Payable to the Secretary of State): _____
(Please contact Secretary of State for payment by Credit Card)

Please send a monthly transaction statement: Yes No

Dated: _____

(Signature of Person Authorizing the Account)

(Printed Name of Person Authorizing the Account)

Mail or Fax to:

**Secretary of State
Accounting Department
500 E Capitol Avenue
Pierre, SD 57501**

Phone: 605-773-3537

Fax: 605-773-4550

For Office Use Only:

Authorized Pad Account Number

← Please include this PAD account number on all future requests.