



South Dakota Secretary of State

Payment Authorization Form

Mailing Address: SD Secretary of State, 500 E. Capitol Avenue, Pierre, SD 57501
(605) 773-4845 / sos.ucc@state.sd.us

Include this form with your documents. Please print or type, illegible forms may be returned.
All payment information will remain confidential.

Submitter Name: _____

Company (If applicable): _____

Email: _____ Telephone: _____

Number of Documents associated with payment: _____

Form of Payment authorized:

Prepaid PAD Account – Account Number: _____

Credit/Debit Card: *enter information below.*

MasterCard Visa Discover American Express

Name as it appears on card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ Expiration date: _____ CID: _____

If the name on the credit card or debit card is in the name of a company, please print the signer's name: _____

Payment Authorization: I authorize the South Dakota Secretary of State to charge my credit/debit card or Prepaid PAD Account for the amount due for services provided by the Secretary of State.

Signature of Cardholder

or PAD Account Authorizer: _____ Date: _____

If preferred, credit card information may be called in to the Business Office at (605)773-4845.

Please indicate on the form that information will be called in and sign for charge authorization.