MISSOURI DEPARTMENT OF MOTOR VEHICLE BUREAU	REVENUE										
PO BOX 2167, JEFFERSON ((573) 526-3669 http://dor.r	CITY MO 6510 mo.gov/mvdl	5-2167						[FORM	M	
APPLICATION FOR ON	LINE ACCO	-							501	17	
									(REV. 8-2	2012)	
SECTION A - APPLICATION/TRANSACTIC	TRANSACTION T	YPE(S) REQL	JESTED		_						
■ NEW ■ CHANGE ■ CANCEL SECTION B - BUSINESS AND CONTACT F						NE REC					
SEE INSTRUCTIONS ON REVERSE SIDE.									I FEN.		
BUSINESS NAME OF BUSINESS OR INDIVIDUAL			CONTACT F	CONTACT PERSON CONTACT PERSON'S NAME (LAST, FIRST, MIDDLE)							
IDENTIFICATION NUMBER SEE INSTRUCTIONS ON BACK				PERSON'S AL	DDRESS (S	TREET, RR,	OR PO BC	OX NUMBER)			
BUSINESS OR INDIVIDUAL'S ADDRESS (STREET, RR, OR PO	BOX NUMBER)		CITY					STATE	ZIP CODE		
CITY ST/	ATE ZIP CC	DDE	E-MAIL ADD	E-MAIL ADDRESS				TELEPHONE NUMBER			
TYPE OF BUSINESS			SECURITY ACCESS.	ACCESS COI	DE (DPPA M	NUMBER) - C	OMPLETE		FOR ONLINE R	ECORD	
				50				DEPARTMENT L			
DEALER FILING AS LIENHOLDER DEALER FILING FOR A LIENHOLDER											
SECTION C - ACCOUNT INFORMATION - FINANCIAL INSTITUTION NAME	COMPLETE O	ONLY IF N	NEW APPL	ICATION	I OR CH	IANGING		OUNT INFO	ORMATION	۷.	
FINANCIAL INSTITUTION ADDRESS (STREET, RR, OR PO BOX	(NUMBER)										
CITY								STATE	ZIP CODE		
	RAL LEDGER										
ROUTING NUMBER		DEPOSIT	OR (BUSINESS	ACCOUNT I	NUMBER						
SECTION D - DIRECT DEBIT AUTHORIZAT	ION - CHECK	APPROP	RIATE BO	X.						_	
A VOIDED CHECK	OR DE	EPOS	SIT S		MUS	T B	ΕA	TTAC	HED	-	
 I hereby authorize the Missouri I account identified above for pays I recognize that it is my response withdrawal of my payment. I also us because funds are unavailable, I charged a dishonored payment per authorized to sign this application accessed will only be used as provement. I hereby cancel the authorization the signature of BUSINESS OWNER, PARTNER, CORPORATE PRINTED NAME OF BUSINESS OWNER, PARTNER, CORPORATE 	ment of Noti sibility to hav understand th will be subje enalty by the n and that ar vided for in th to electronica	ices of live the fill at if the lect to ov departm ny persone federa Illy debit	Liens pro- unds avai Departme rerdraft fe- nent. I furt onal inform al Driver's the accou	cessed lable in nt canno es from her certi nation of Privacy nt identi	and/or the ac ot deduc my fin fy unde btained Protect fied ab	any rec count id ancial in r penal from a ion Act.	cords a dentifie yment nstitutio ties of ny de	accessed ed above from my a on. I will a perjury th	online. for the account also be at I am records	STAPLE VOIDED CHECK OR DEPOSIT SLIP HERE	

COMPLETION INSTRUCTIONS

1. To apply for an online account to file Notices of Lien and/or access motor vehicle and marine records and have the payment for such transactions direct debited, complete this form as follows:

General Instructions

- Complete Sections A, B, C, and D if you are enrolling for the first time, re-enrolling after cancellation, changing your existing debit authorization, or other information. If you are a tower, **do not** complete Sections C and D when requesting online record access only.
- If you are cancelling your debit authorization, complete Sections A, B, and D only.

Section A - Application/Transaction Type

- Application Type Check the appropriate box.
 - 1. New Complete for new enrollment or re-enrollment after cancellation.
 - 2. Change Complete to change type of account, financial institution or branch routing number, depositor (business) account number, or other information.
 - 3. Cancel Complete to cancel your debit authorization.
- Transaction Type(s) Requested Check the appropriate box(es).

Section B - Business and Contact Person Information

- Complete all blocks for both the business or individual and contact person information.
- Security Access Code This code is issued by the Motor Vehicle Bureau to entities who qualify under the Driver's Privacy
 Protection Act to receive personal information contained in the department's vehicle and marine records. If you indicate you
 would like online record access in Section A Transaction Type(s) Requested, you must enter the Security Access Code. If
 you do not have a Security Access Code, you may apply by completing a Request for MV/DL Record(s)/Security Access Code
 (DOR-4678). The application can be obtained from any local contract office.
- <u>Identification Number</u> Please record the FDIC number (bank), NCUA number (credit union), Dealer number (licensed motor vehicle/boat dealer), FEIN (any other type of business), or SSN (individual) as the identification number. The last six blocks are for Department of Revenue use only.
- <u>Type of Business</u> Check the appropriate box.

Section C - Account Information

- Financial Institution Information Record the financial institution's name, telephone number, address, city, state, and zip code.
- <u>Account Type</u> Check the appropriate box.
- <u>Routing Number</u> Your financial institution's routing number is printed on the bottom left-hand portion of your business or personal checks or deposit tickets (the first 9 digits). See examples 1 and 2 below.
- <u>Depositor (Business) Account Number</u> Your depositor account number is printed on the bottom of your business or personal checks following the routing number. It may be the first series of digits after the routing number followed by the check number (example 1), or it may be the series of digits which follow the check number (example 2). NOTE: Check number is not included in the depositor account number.

Example 1		Example 2		
XYZ BUSINESS HOMETOWN, USA	CHECK NO. 4444	XYZ BUSINESS HOMETOWN, USA		CHECK NO.
PAY TO THE ORDER OF		PAY TO THE ORDER OF		
121456789 8765432109812	4444	R121456789	4444	8765432109812
Routing No. Dep. Acct. No.	Ck. No.	Routing No.	Ck. No.	Dep. Acct. No.

NOTE: Credit unions and savings and loan associations may differ from the above examples. Please verify your depositor account number and electronic routing number with your financial institution.

Section D - Direct Debit Authorization

• Check appropriate box. Attach a **voided** business or personal check or deposit slip to the front right-hand side of this application. This is necessary to verify the depositor account number, routing number, and financial institution.

2. Submit the completed application to the following address:

MOTOR VEHICLE BUREAU PO BOX 2167 JEFFERSON CITY MO 65105-2167

CHANGE FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNT INFORMATION

Debits (withdrawals) will continue to be made from the designated account at your financial institution until the Missouri Department of Revenue is notified that you wish to redesignate your account and/or financial institution. To redesignate, complete and submit a new Application for Online Account (Notice of Lien Filing/Records Access/Direct Debit) with the new information.