



1422 W. Main Street, Suite 101
Lewisville, TX 75067
972-436-7886
Fax 972-219-7154
office@ddtemp.com

**VERIFICATION OF EMPLOYMENT (VOE)
CREDIT CARD AUTHORIZATION**

Select Form of Payment: **Visa** **Mastercard** **American Express** **Discover**

Today's Date: _____

VOE requested by: _____ Contact #: _____

The completed VOE will be sent to:

Email address: _____ Or Fax #: _____

Name on credit card: _____

Cardholder's billing address: _____

Cardholder's mailing address: _____

Credit Card Number: _____

Expiration Date: _____ *CVV code: _____

* **Discover/Mastercard/VISA:** 3-digit CVV code (card verification value) on the back of the card.

American Express: 4-digit CVV code on the front of the card.

Amount of credit card transaction: \$_____

*Please sign below as authorization to bill your credit card for the indicated amount of the credit card transaction. **Driver's Depot charges \$15 per employment verification.***

Cardholder's signature authorizing transaction: _____

Names of employees for VOE: _____

I would like a receipt: Yes No

If Yes, indicate your fax number or email address:

Fax #: _____ Email address: _____

Fax this VOE form along with the employee's authorization to: 972-219-7154

OR

Email back along with employee authorization to: office@ddtemp.com