



Missouri Department of Revenue
Application for Online Account (Notice of Lien Filing, Records Access, and Direct Debit)

Validation Area

Department Use Only

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Section A Type	Application or Transaction Type - Select Appropriate Boxes		Security Access Code - Complete if applying for online record access. (DPPA Number)			
	Application Type <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Transaction Type(s) Requested <input type="checkbox"/> Online Notice of Lien Filing <input type="checkbox"/> Online Record Access				

Section B Business and Contact Person	Business					
	Name of Business or Individual				Identification Number - See instructions on back.	
	Business or Individual's Address				City	State Zip Code
	Contact Person					
	Contact Person's Name (Last, First, Middle)					
	Contact Person's Address				City	State Zip Code
E-mail Address				Telephone Number () - - - - - - - - - - -		
Type of Business <input type="checkbox"/> Bank or Savings and Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Dealership Filing for other Lienholders <input type="checkbox"/> Dealership Filing as Lienholder <input type="checkbox"/> Finance Company <input type="checkbox"/> Individual <input type="checkbox"/> Title Loan Company <input type="checkbox"/> Tower (No charge for online record access - Do not complete Section C) <input type="checkbox"/> Other _____						

Section C Account Information	Complete only if new application or changing account information. See page 2 for instructions.					
	An original voided check, deposit slip, or letter from financial institution must be attached.					
	Financial Institution Name				Telephone Number () - - - - - - - - - -	
	Financial Institution's Address				City	State Zip Code
	Account Type - Select only one box. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger					
	Routing Number			Depositor (Business) Account Number		
	<input type="checkbox"/> I hereby authorize the Missouri Department of Revenue (Department) to initiate an electronic debit from the account identified above for payment of Notices of Liens processed and any records accessed online. I recognize that it is my responsibility to have the funds available in the account identified above for the withdrawal of my payment. I also understand that if the Department cannot deduct the payment from my account because funds are unavailable, I will be subject to overdraft fees from my financial institution. I will also be charged a dishonored payment penalty by the Department. I further certify under penalties of perjury that I am authorized to sign this application and that any personal information obtained from any department records accessed will only be used as provided for in the federal Driver's Privacy Protection Act. <input type="checkbox"/> I hereby cancel the authorization to electronically debit the account identified above.					

Section D Authorization	I certify under penalty of perjury that the facts herein are true to the best of my knowledge. Any false affidavit is a crime under Section 575.050 of Missouri law.					
	Signature of Individual, Partner, Business Owner, Corporate Officer, News Agent, or Government Agent				Date (MM/DD/YYYY) ____/____/____	
	Printed Name			Title of Partner, Business Owner, Corporate Officer, News Agent, or Government Agent		

Form 5017 (Revised 11-2014)

Mail to: Motor Vehicle Bureau
 P.O. Box 2048
 Jefferson City, MO 65105-2048

Phone: (573) 526-3669

Visit
<http://dor.mo.gov/motorv/liendeal/>
 for additional information.



To apply for an online account to file Notices of Lien 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 Section C when requesting online record access only.

Section A - Type

- Application Type - Select 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 - Select the appropriate box(es).
- Security Access Code - Must be provided when Online Record Access is selected. This code is issued by the Department of Revenue to entities who requested and who qualify under the Driver's Privacy Protection Act to obtain the personal information contained in the Department's vehicle and marine records. If you do not have a Security Access Code, you may apply by completing a Request for Security Access Code ([Form 4678](#)). The application can be obtained by website: <http://dor.mo.gov/forms/>

Section B - Business and Contact Person

- Complete all blocks for both the business or individual and contact person information.
- Identification Number - Please record the FDIC number (bank), NCUA number (credit union), dealer number (licensed motor vehicle or boat dealer), FEIN (any other type of business), or SSN (individual) as the identification number.
- Type of Business - Select the appropriate box.

Section C - Account Information

- Financial Institution Information - Record the financial institution's name, telephone number, address, city, state, and zip code.
- Account Type - Select the appropriate box.
- Routing Number - 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.
- Depositor (Business) Account Number - 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

XYZ Business		Check No. 4444
Hometown, USA		
Pay to the Order of _____		
121456789	8765432109812	4444
Routing No.	Dep. Acct. No.	Ck. No.

Example 2

XYZ Business		Check No.
Hometown, USA		
Pay to the Order of _____		
R121456789	4444	8765432109812
Routing No.	Ck. No.	Dep. Acct. No.

- General Ledger letter from Financial Institution on letterhead must include the following information – Business Name, Account Type, Routing Number, and Depositor (Business) Account Number. This original letter includes signature and title.
- Select appropriate box. Attach an original voided business or personal check or deposit slip or General Ledger letter to this application.

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 - Authorization

- All applications must include Signature, Printed Name, and Title.
- Submit the completed application to the address on the bottom of the first page.
- Approved titles to sign application are as follows:
Individual, Partners, Authorized Member, Corporate Officer, News Agent, or Government Agent

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 or financial institution. To redesignate, complete and submit a new Application for Online Account (Notice of Lien Filing, Records Access, or Direct Debit) with the new information.