



Mississippi Motor Vehicle Services - Electronic Financial Institution Application

THIS FORM MUST BE TYPED OR COMPUTER PRINTED

Initial Registration

Change of Service Provider

PURPOSE: This Form is to be used by Financial Institutions to enroll in Mississippi Electronic Lien (e-Lien) Program.

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____ FEIN Number _____

Mailing Address _____

City State ZIP

Physical Address _____

City State ZIP

Phone Number _____ Email Address _____

List of Business Types _____

NAME OF SERVICE PROVIDER (VENDOR)

Name of Service Provider _____ FEIN Number _____

Address _____

City State ZIP

Phone Number _____ Office/ Fax Number _____

FINANCIAL INSTITUTION CONTACT INFORMATION

Name _____

Phone Number _____

Email Address _____

In Pursuant to section 63-21-16, to authorize The Department of Revenue to issue electronic liens and titles for motor vehicles and manufactured homes.

Signature of Financial Institution _____ Date _____