



U.S. MISSION TO GERMANY

Credit Card Payment Authorization Form

Please complete ALL items and sign. Incomplete forms will not be processed.

Credit card type:

Master Card

Visa Card

American Express

Discover

Credit Card Number:

□ □

Amount to be deducted: \$ □ □ □ □ □ . □ □

Expiration Date Month: _____ Year: _____

Full name as shown on Credit Card: _____

Name of Applicant: _____

(IF OTHER THAN CREDIT CARD HOLDER – ONLY IMMEDIATE FAMILY MEMBERS)

Current Address: _____

Telephone: _____

Please charge my credit card listed above for the amount shown for the requested consular service(s). I understand that this charge will be levied in U.S. Dollars.

Signature: _____

Card Holder's Signature

Date