



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)

| | | |
|-------------------------|----------------------|-------------------------|
| Given Name (First Name) | Middle Name (if any) | Family Name (Last Name) |
|-------------------------|----------------------|-------------------------|

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)

| | | |
|-------------------------|----------------------|-------------------------|
| Given Name (First Name) | Middle Name (if any) | Family Name (Last Name) |
|-------------------------|----------------------|-------------------------|

Credit Card Holder's Billing Address:

| | | |
|------------------------|--|----------|
| Street Number and Name | Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Number |
| City or Town | State | ZIP Code |

Credit Card Holder's Signature and Contact Information:

| | |
|---|------------------------------------|
| Credit Card Holder's Signature | |
| Credit Card Holder's Daytime Telephone Number | Credit Card Holder's Email Address |

Credit Card Information

| | | |
|--|---|---------------------------|
| Credit Card Number | Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | Authorized Payment Amount |
| Credit Card Expiration Date (mm/yyyy) | | \$.00 |