

ACCOUNTS RECEIVABLE BRANCH
CREDIT/DEBIT CARD
PAYMENT FORM

NAME AS IT APPEARS ON BANK OR CREDIT ACCOUNT: _____

BILLING ADDRESS ASSOCIATED WITH BANK OR CREDIT ACCOUNT: _____

(city) (state) (zip)

ACCOUNTS RECEIVABLE BILL NO (BEGINS WITH AR) OR FISCAL DATA: _____

SSN (LAST 4) XXX-XX-_____ DAYTIME TELEPHONE () _____

EMAIL ADDRESS: _____

****PLEASE NOTE: This form is for a one-time payment only.**

AMOUNT OF CHARGE: \$ _____

SIGNATURE: _____
(DATE)

Your signature authorizes the card listed below to be processed upon receipt or please specify a date - _____

CARD/ACCOUNT HOLDER NAME AND SIGNATURE (IF OTHER THAN SELF): _____
NAME PRINTED

SIGNATURE

DATE

CREDIT/DEBIT CARD INFORMATION	
Account Number _____	3 or 4 DIGIT SECURITY CODE _____
Expiration Date _____	<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER

Your account may qualify for an Installment Agreement. Please contact our office at (800)521-2116 for more information.

PLEASE MAIL, FAX, OR EMAIL THIS FORM TO:
U.S. DEPARTMENT OF STATE, ACCOUNTS RECEIVABLE BRANCH
2010 Bainbridge Ave., North Charleston, SC 29405
Fax: (866)260-2468, Email: fmpard@state.gov