State of Israel Consular department- Chicago



Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete and sign the form and enclose with your application

CREDIT CARD HOLDER INFORMATION

Please check credit card type:	🗆 Visa	□†MasterCa	MasterCard			
Credit card number:						
Expiration date:/ (mm/yy)			IF LOST OR STOLEN, PLEASE RET	'URN TO ANY BRANCH OF YOUR BA	NK .	
Security code: (The last 3 digits on the back of your card)			ISSUED BY YOUR BANK	1234 5678 0000 01/12 MRE LASTNAME	0000	
Exact name as it appears on the credit card (Print your name):						
Primary phone number: ()						
Email:						
Billing Zip Code:						
Amount to be charged:		USD				

Cardholder Signature (authorization for payment):

I hereby authorize a charge to my credit card for the total of all consular services requested, including any fee adjustments in effect as of the date the order is received.

signature of authorized cardholder

Date (dd/mm/yy)

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