

Debit/Credit Card Payment Form

In order to pay by credit/debit card, please fill out your full name and complete the cardholder information:

Full Name of Applicant _____

Email _____

Tel _____

Credit Card Type (check one): we do not accept American Express

Visa MasterCard

Or if you are paying by Debit Card:

Visa MasterCard Maestro

Name of Card Holder (as written on card):

Cardholder's Address: (For processing the card payment only. All materials requested will be sent to the applicant address provided on the appropriate forms.)

Card Number:

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Expiration Date: ___ / ___

Start Date: ___ / ___

CVV Number:

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(The 3-digit number written on the back of your card after the card number in the signature area of the card)

Total Charges (Euro): _____ €

Cardholder's Signature (authorization for payment):

I hereby authorize the Embassy of Israel to charge my debit/credit card for the total of all services requested on the attached application, including any fee adjustments in effect as of the date the application is processed.

Signature of Authorized Cardholder