



Credit Card Payment Authorization Form

Instructions:

To pay by credit card, please fill in your full name and complete the cardholder information.

Name of Applicant: _____

Credit Card Type: *We do not accept American Express or Discover

Visa MasterCard

Credit card number: _____

Expiration date: ____ / ____ (MM/YY)

Security code: ____ / ____ (the last 3 digits on the back of your card)

Name of Cardholder (as it appears on card):

Address for Delivery: _____

Primary phone number: (_____) - _____

Email: _____

Amount to be charged: _____ \$USD

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)

*The sender is responsible for all documents mailed to and from the Consulate.

*Shipping material back to the applicant requires their signature upon delivery.

Consular Affairs

Consulate General of Israel to the Southeast
1100 Spring St, N.W. Suite 440
Atlanta, GA 30309