



Authorization for Credit Card Transactions

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
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 USCIS and your financial institution not accepting the payment. USCIS 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 USCIS takes on an application, petition, or request. You must submit all fees in the exact amounts. USCIS 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) Gaetano	Middle Name (if any)	Family Name (Last Name) Manzo	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name) Alexandra	Middle Name (if any)	Family Name (Last Name) Campmas	
Credit Card Holder's Billing Address:			
Street Number and Name 4122 Chesapeake st nw		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town Washington		State DC <input checked="" type="checkbox"/>	ZIP Code 10016
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature 			
Credit Card Holder's Daytime Telephone Number +1 2029298227		Credit Card Holder's Email Address alexandra.campmas@gmail.com	
Credit Card Information			
Credit Card Number 4712 1340 5024 7905	Credit Card Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 2805.00
Credit Card Expiration Date (mm/yyyy) 04/2027			

