

CREDIT CARD PAYMENT FORM

For your convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.



We accept all major credit cards.



Please fill in all the information below and return this form along with your bill to:
Social Security Administration
Office of Finance
P.O. Box 17042
Baltimore, MD 21235-7042

Note: Please read the Paperwork/Privacy Act Notice

Requestor's Name: <i>(Please Print)</i>	Credit Card Holder's Name:
This payment is for: <i>(Please Print)</i>	Credit Card Holder's Address: <i>(Number, Street, City, State and Zip Code)</i>
Daytime Telephone Number: Area Code Telephone Number	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover (Please Check One)
Social Security Number (SSN) or Employer Identification (EIN):	Credit Card Number:
Amount Charged: \$	Credit Card Expiration Date: <i>Card Verification Number!</i> Month Year
Credit Card Holder's Signature:	

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY →	Authorization	
	Name	Date