

U.S. Citizenship and  
Immigration Services

## Burden Disclosure Notice

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at .167 hour or 5 minutes per response, including the time for reviewing instructions and completing and submitting the authorization. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave, NW, Washington, DC 20529-2140; OMB No. 1615-0131. Do not mail your completed form to this address.

## USCIS Privacy Act Statement

**AUTHORITIES:** 8 U.S.C. §§ 1103, 1356 and 8 CFR 103.7(b)(1)(i)(D) authorize the collection of this information.

**PURPOSE:** The primary purpose for providing the requested information is to authorize an electronic credit card or Automated Clearing House (ACH) payment in Pay.gov, which is owned and operated by the Department of Treasury for **payment of USCIS fees**.

**DISCLOSURE:** The information you provide is voluntary. However, failure to **pay the required filing or biometric services fees associated with your application, petition, or request may delay acceptance or processing of your case. Failure to pay the USCIS fee may also delay production of any identity cards or other documents associated with your application, petition, or request.**

**ROUTINE USES:** This information may be used by and disclosed to USCIS personnel and contractors or others agents who need the information to assist in activities related to processing **required fees for applications, petitions, or requests, and proof of benefits**. Additionally, USCIS may disclose the information to other federal, state, and local authorized organizations, in accordance with approved routine used as described in the associated published system of records notice [TREASURY/FMS.017 – Collections Records – Treasury/Financial Management Service, which can be found at <http://www.treasury.gov/privacy>, and DHS-USCIS-007 – Benefits Information System, available at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. This information may also be made available as appropriate for law enforcement purposes or in the interest of national security.

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U.S. Citizenship and Immigration Services

Contact Us

OMB No. 1615-0131

Expires 08/31/2018

\*Indicates Required Field

Exit

## USCIS Immigrant Fee

### → Immigrant Information

Review

Pay Fee

Confirmation

Alien Registration Number (A-Number)\*

A- 056643822

Department of State (DOS) Case ID\*

EUT1056643822

Add >

Already Paid?  
Create a USCIS ELIS Account

## Immigrant Payee Table

A-Number

▲ DOS Case ID

◆ USCIS Immigrant Fee Amount

◆ Remove Immigrant

No data available in table



### Immigrant Data Summary

(This is not a visa.)

Date/Time Prepared: 14-MAR-2013 10:22

A-Number: A012345678

Case ID: ABC1234567890 or 1234XY1234567

Family Name: SMITH-JONES

First Name: SUSAN

ALIAS: SUSAN SMITH

Gender: FEMALE

Marital Status: MARRIED



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\* Indicates Required Field

**SUCCESS:** You have added an immigrant to your Immigrant Payee Table.

**FEES:**  
 Filing: \$165  
**Total: \$165**

Exit

- ⇒ **Immigrant Information**
- Review
- Pay Fee
- Confirmation

### USCIS Immigrant Fee

Alien Registration Number (A-Number)\*

Department of State (DOS) Case ID\*

Add ▶

Already Paid?  
 Create a USCIS ELIS Account

### Immigrant Payee Table

A-Number	DOS Case ID	USCIS Immigrant Fee Amount	Remove Immigrant
A056643822	EUT1056643822	\$165	Remove

Continue



### Immigrant Data Summary

(This is not a visa.)

Date/Time Prepared: 14-MAR-2013 10:22

A-Number: A012345678  
 Case ID: ABC1234567890 or 1234XY1234567

Family Name: SMITH-JONES

First Name: SUSAN

Gender: FEMALE

Marital Status: MARRIED

ALIAS: SUSAN SMITH



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FEES:

Filing: \$165  
Total: \$165

Exit

## Review USCIS Immigrant Fee Payment Information

Please review your USCIS Immigrant Fee payment information.

A-Number	DOS Case ID	USCIS Immigrant Fee Amount
A056643822	EUT1056643822	\$165

Immigrant Information

⇒ Review

Pay Fee

Confirmation

Continue



U.S. Citizenship and Immigration Services



\*Indicates Required Field

**FEES:**

Filing:	\$165
<b>Total:</b>	<b>\$165</b>

[Exit](#)

**Immigrant Information**

- [Review](#)
- [Pay Fee](#)
- [Confirmation](#)

### Payer Email Address

Please provide an email address where USCIS can contact you about your payment transaction, if needed. A payment confirmation notice will be sent to the email address you provide.

**Email Address\***

**Confirm Email Address\***

I do not have an email address.

### Payer Contact Information

**Last Name\***  **City or Town\***

**First Name\***  **Country\***

**Address Line 1\***  **Province / State\***  **Postal Code\***

**Address Line 2**

I do not want to provide a mailing address.



[Back](#)

[Proceed to Payment](#)



## USCIS Immigrant Fee

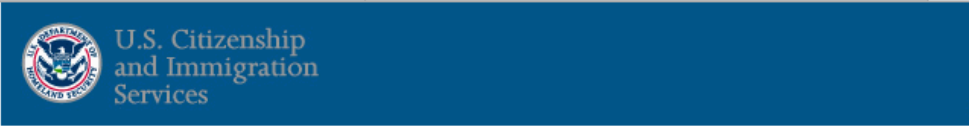
**Please select a payment method:**

- I want to pay with a withdrawal from a checking or savings account (ACH) 
- I want to pay with a debit or credit card 

[Cancel](#)

**Continue**

# Credit card payment



## USCIS Immigrant Fee

Please provide the Credit or Debit Card Information below.

\* indicates required fields

Agency Tracking ID: xikCKgHz9yFalf

Payment Amount: \$395.00

Country: --Select Country--

\* Billing Address:

Billing Address 2:

\* City:

State/Province:

ZIP/Postal Code:

\* Account Holder Name:

\* Card Type: --Select Card Type--



\* Card Expiration Date: --Select Month-- --Select Year--

\* Account Number:

[Previous](#)

[Cancel](#)

[Continue](#)

# Credit card payment



## USCIS Immigrant Fee

Please provide the Credit or Debit Card Information below.

\* indicates required fields

Agency Tracking ID: xikCKgHz9yFalF

Payment Amount: \$395.00

Country: United States

\* Billing Address: 20 Massachusetts Ave

Billing Address 2:

\* City: Washington

\* State/Province: District of Columbia

\* ZIP/Postal Code: 20001

\* Account Holder Name: MIB Test

\* Card Type: Visa



\* Card Expiration Date: 09 2018

\* Account Number: 4111111111111111

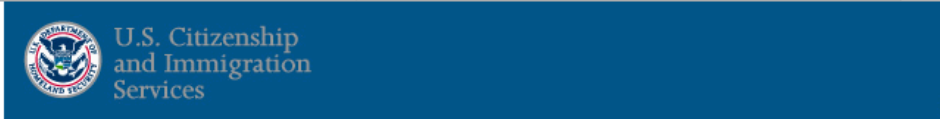
[Previous](#)

[Cancel](#)

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Credit card payment



## USCIS Immigrant Fee

### Review and submit payment

\* indicates required fields

**Agency Tracking ID:** xikCKgHz9yFalF

**Payment Amount:** \$395.00

**Payment Method:** Plastic Card

**Account Holder Name:** MIB Test

**Card Type:** Visa

**Account Number:** \*\*\*\*\*1111

**Billing Address:** 20 Massachusetts Ave

**Billing Address 2:**

**City:** Washington

**Country:** United States

**State/Province:** DC

**ZIP/Postal Code:** 20001

\*  I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

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[Cancel](#)

**Submit**

ACH payment

## USCIS Immigrant Fee

**Please enter checking or savings account information below.**


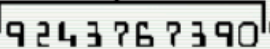
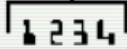
\* Indicates required fields

Agency Tracking ID: mOdm2Ea9WEhpUY

Payment Amount: \$395.00

\* Account Holder Name:

\* Account Type:

Routing Number	Account Number	Check Number
		

\* Routing Number:

\* Account Number:

\* Confirm Account Number:

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[Cancel](#)

[Continue](#)

ACH payment



USCIS Immigrant Fee

Review and submit payment

\* indicates required fields

Agency Tracking ID: mOdm2Ea9WEhpUY

Payment Amount: \$395.00

Payment Method: ACH Debit

Account Holder Name: Kirsten Applicant

Account Type: Business Checking

Routing Number: 302075128

Account Number: \*\*\*\*\*4567

Authorization and Disclosure Statement:

Authorization and Disclosure--Consumers and Businesses
The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Financial Management Service. As used in this document, "we" or "us" refers to the Financial Management Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.
I. Consumers

\*  I agree to the Pay.gov authorization and disclosure statement.

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Cancel

Submit



Exit

- Immigrant Information Review
- Pay Fee
- ⇒ Confirmation

## Confirmation



**Congratulations.** You successfully submitted an immigrant fee payment on Thursday, December 10, 2015 at 10:27:55 AM for each immigrant listed in the table below.

- Each immigrant listed should receive their Permanent Resident Card within 120 days of entry into the United States or within 120 days after the USCIS Immigrant Fee is received, whichever occurred later.
- If they do not receive their Permanent Resident Card within the timeframe stated above, please submit a follow-up inquiry with the Customer Contact Center by filling out the [online help form](#).

A-Number	DOS Case ID	USCIS Receipt Number	USCIS Immigrant Fee Amount
A204560352	CDJ2014789074	IOE0612368019	\$165

You may print this page for your records. USCIS will also send a payment confirmation email to the email address you provided.