PAY.GOV BILLING WORKSHEET

(All information required)

PLEASE PRINT CLEARLY

Card Holder Name: _____
(As printed on the card)

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Phone Number: _____

Card Type (Select One): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

AMEX Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Exp Date (MM/YYYY): ☐☐ ☐☐☐☐

Card Security Code: _____
(From back of card, AMEX on front of card)

Tax ID # (if applicable): _____

Drivers License #: _____ State of Issue: _____

(Must include either Tax ID # OR Drivers License #)

This worksheet will be destroyed after it is input into a SECURE USDA data system