## **SAMPLE - Premium Processing Payment Authorization from hiring unit**



## **Authorization for Credit Card Transactions**

## **Department of Homeland Security**

USCIS Form G-1450

U.S. Citizenship and Immigration Services

## **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**.

DO NOT PUT EMPLOYEE'S NAME HERE - BU IS THE APPLICANT/PETITIONER/ REQUESTER

Form G-1450 11/15/21

| Applicant's/Petitioner's/Requester's Information (Full Legal Name)                    |                            |       |                  |                |                           |                  |  |
|---|----------------------------|-------|------------------|----------------|---------------------------|------------------|--|
| Given Name (First Name)   | Middle Name (if any) Fami  |       |                  | Family         | Name (Last Name)          |                  |  |
| Trustees of Boston Univ   | leave blank                |       |                  | leave          | leave blank               |                  |  |
| Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card) |                            |       |                  |                |                           |                  |  |
| Given Name (First Name)   | Middle Name (if any) Famil |       |                  | Family         | Name (Last Name)          |                  |  |
| Card holder first name  | Card                       |       |                  |                | holder last name          |                  |  |
| Credit Card Holder's Billing Address:   |                            |       |                  |                |                           |                  |  |
| Street Number and Name  |                            |       |                  | Apt. Ste. Flr. | Number                    |                  |  |
| Billing address - street number and name  |                            |       |                  |                |                           |                  |  |
| City or Town  |                            |       |                  | State          | ZIP Code                  |                  |  |
| Billing address - city  |                            |       |                  |                | MA 🔻                      | Billing ZIP code |  |
| Credit Card Holder's Signature and Contact Information:                               |                            |       |                  |                |                           |                  |  |
| Credit Card Holder's Signature (not digital) date employee's name                     |                            |       |                  |                |                           |                  |  |
| Credit Card Holder's Daytime Telephone Number   |                            |       |                  | ail Addre      | ess                       |                  |  |
| card holders phone number sample@bu.edu   |                            |       |                  |                |                           |                  |  |
| Credit Card Information   |                            |       |                  |                |                           |                  |  |
| Credit Card Number  | Credit Card Type: Uisa     |       |                  |                | Authorized Payment Amount |                  |  |
| 0000 0000 0000 0000   |                            | ct as | MasterCard       |                | \$ 2805                   | .00              |  |
| Credit Card Expiration Date   | appropriate                |       | American Express |                |                           |                  |  |
| (mm/yyyy) MM/YYYY   |                            |       | Discover         |                |                           |                  |  |