

FEDERAL EMERGENCY MANAGEMENT AGENCY
PAYMENT INFORMATION FORM

Community Name: _____

Project Identifier: _____

THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO THE ADDRESS BELOW OR FAXED TO THE FAX NUMBER BELOW.

Please make check or money order payable to the National Flood Insurance Program.

Type of Request:

- MT-1 application }
 MT-2 application }

LOMC Clearinghouse
3601 Eisenhower Ave. Suite 500
Alexandria, VA 22304-6426
Attn.: LOMC Manager

- EDR application }

FEMA Project Library
3601 Eisenhower Ave. Suite 500
Alexandria, VA 22304-6426
FAX (703) 997-1305

Request No. (if known): _____ Check No.: _____ Amount: _____

INITIAL FEE* FINAL FEE FEE BALANCE** MASTER CARD VISA CHECK MONEY ORDER

*Note: Check only for EDR and/or Alluvial Fan requests (as appropriate).

**Note: Check only if submitting a corrected fee for an ongoing request.

COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD

CARD NUMBER

EXP. DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>		
1	2	3	4		5	6	7	8		9	10	11	12		13	14	15	16		Month	Year

_____ Date _____ Signature _____

NAME (AS IT APPEARS ON CARD): _____
(please print or type)

ADDRESS: _____
(for your credit card receipt—please print or type)

DAYTIME PHONE: _____