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
847 South Pickett Street
Alexandria, VA 22304-4605
Attn.: LOMC Manager

☐ EDR application

FEMA Project Library
847 South Pickett Street
Alexandria, VA 22304-4605
FAX (703) 212-4090

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

☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ ☐☐ – ☐☐

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: _____