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.

Type of Request:

☐ MT-1 application
☐ MT-2 application

FEMA
Fee Charge System Administrator
7390 Coca Cola Drive
Suite 204
Hanover, MD 21076

☐ EDR application

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

Request No.: _____ (if known) 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 <u>ONLY</u> IF PAYING BY CREDIT CARD

CARD NUMBER

				—					—					—				
1	2	3	4		5	6	7	8		9	10	11	12		13	14	15	16

EXP. DATE

		—		
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: _____