



EMBASSY OF HUNGARY
Washington, D.C.

CREDIT/DEBIT CARD AUTHORIZATION

Cardholder information:

Name: _____

Billing address: _____

Requested service(s): _____

Amount: _____ USD

Card information:

- Visa/Visa Debit
- Mastercard
- Discover

(Please note that we do NOT accept American Express cards!)

Name on card: _____

Card number: _____

Card expiration date (MM/YY): ____/____

CVC code : _____

Signature: _____

Date: _____