

PAYMENT BY CREDIT CARD

Title/Name

Date of birth

Address

City

State and postal code

Country

I wish to pay my monthly child support payment with my credit card. The monthly amount is : _____ (please state the currency).

Type of Card: _____
(Only Visa/Euro/Mastercard)

Credit card Number: _____ - _____ - _____ - _____

Expire Date: Month _____ Year _____

Exact Name on Card: _____

I confirm that I am the credit card holder and I consent to Innheimtustofnun sveitarfélaga (Child Support Collection Centre in Iceland) charging my credit card as outlined in this application and the amount stated above.

or

I _____ (name of credit card holder) consent to Innheimtustofnun sveitarfélaga (Child Support Collection Centre in Iceland) charging my credit card as outlined in this application and stated above: Relationship to applicant: _____

Place and date

Signature