GOVERNMENT OF THE VIRGIN ISLANDS
OF THE UNITED STATES
OFFICE OF THE LIEUTENANT GOVERNOR
NOTARIES PUBLIC DIVISION
5049 Kongens Gade | St. Thomas, Virgin Islands 00802

NOTARY CREDIT CARD AUTHORIZATION FORM

Required: *Include a legible copy of the cardholder's government-issued photo identification (for example, a driver's license or passport). Please print clearly, sign, and return this form by postal mail to the address above.*

CARDHOLDER INFORMATION

Cardholder Name		**Date**	____ / ____ / _____
Email Address		**Phone Number**	1 (____) _____-_____
Billing Address		**City / State / ZIP**	

PAYMENT INFORMATION

Card Type	☐ Mastercard ☐ Visa ☐ ATH /ATM	**Amount Authorized**	**$**
Card Number	_____ - _____ - _____ - _____	**Expiration Date**	____ / _____
Security Code (CVV)	*(3-digit code located on the back of the credit card)* _____	**Payment Purpose**	Notary fee(s) ☐ Apostille service(s) ☐

CARDHOLDER AUTHORIZATION

I authorize the Office of the Lieutenant Governor, Notaries Public Division, to charge the amount shown above to the payment card identified on this form. I certify that I am the authorized cardholder and that the information provided is accurate.

Cardholder Printed Name		**Signature**	
Date Signed	____ / ____ / _____		

SECURITY NOTICE: Do not send this completed form by unencrypted email. For your protection, the Division should retain and dispose of payment-card information in accordance with applicable records and security procedures.