

YOUR NAME  
U.S. Address  
CITY, STATE ZIP

CHECK #####

DATE MM/DD/YYYY

PAY TO THE  
ORDER OF

**U.S. Department of Homeland Security**

**410.00**

**Four hundred and ten dollars** \_\_\_\_\_

DOLLARS

BANK NAME  
Address  
CITY, STATE ZIP

MEMO **I-765 APPLICATION**

***PERSONAL SIGNATURE***

BANK ROUTING #####

CHECKING ACCOUNT #####

CHECK #####