



**ECFMG®**

## Payment for Service(s) Requested Form 900

## PAYMENT

**Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:**

- **BY MAIL/COURIER:** ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA, or
- **FAX:** (215) 386-3185

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG website at [www.ecfmg.org/fees/payment.html](http://www.ecfmg.org/fees/payment.html).

This form is available on the ECFMG website at [www.ecfmq.org](http://www.ecfmq.org)