

Please Use This form to Pay by Credit Card or Debit Card or to Pay Directly from Your Bank Account

*****A NOTE ABOUT YOUR WEB BROWSER*****





You will need to use one of the following Internet Browsers in order to complete a transaction: **Internet Explorer 5.5 SP2** or higher; **Mozilla Firefox 1.5** or greater; **Mozilla 1.7** or greater; **Netscape 7.x**; OR, **Safari 1.2** (for MAC users).

Please do not pay your VA medical billing on this Web site. Should you need information on paying a VA medical billing, please call the telephone number on your patient statement or [click here](#) to find a medical facility and its telephone number.

[Read Important Privacy Information](#)

The first four entries on this page must reflect the identity of the person who owes the debt. You should have a copy of a letter sent to the debtor by Debt Management Center in front of you to enter the correct entries for items 2 through 4. See the [SAMPLE LETTER](#). Look at the upper right side of the sample letter. You will see the same identifying information we ask you to enter in items 2 through 4 on this page. Items 2 through 4 on this page must match, exactly, the identifying information on the letter from Debt Management Center to the debtor. If you do not have one of our collection letters, please call us on 1 800 827-0648 and we will guide you through this page. We ask you to ensure that the entries match specific information on the collection letters so that we can match your online payment to the proper account.

THE FOLLOWING FOUR QUESTIONS MUST BE ANSWERED WITH INFORMATION TAKEN DIRECTLY FROM A COLLECTION LETTER FROM DEBT MANAGEMENT CENTER SENT TO THE DEBTOR:

- 1. File Number: 
- 2. Payee Number: 
- 3. Person Entitled: 
- 4. Deduction Code: 

THE FOLLOWING THREE QUESTIONS MUST REFLECT THE IDENTITY AND PHONE NUMBER OF THE PERSON MAKING A PAYMENT. PLEASE USE THE SAME NAME AS ON THE CREDIT CARD OR BANK ACCOUNT FROM WHICH PAYMENT WILL BE MADE:

- 5. First Name:
- 6. Last Name:
- 7. Daytime Phone:

Payment Amount: \$

All items are required. Click [here](#) for more help.

Warning:

This U.S. Government computer system is for official use only. The files on this system include Federal records that contain sensitive information. All activities on this system may be monitored to measure network performance and resource utilization; to detect unauthorized access to or misuse of the system or individual files and utilities on the system, including personal use; and to protect the operational integrity of the system. Further use of this system constitutes your consent to such monitoring. Misuse of or unauthorized access to this system may result in criminal prosecution and disciplinary, adverse, or other appropriate action.

HELP WITH THIS FORM:

File Number 'File Number' is your VA claim number. This field must be 8 or 9 characters long.

Payee Number 'Payee Number' tells us whether the debtor is a veteran or service member, a child, a spouse, a vendee or parent of the veteran.

Person Entitled 'Person Entitled' is the first initial, middle initial (if there is one) and first four letters of the debtor's last name. If the entry on the collection letter after 'Person Entitled' does not have a middle initial, a blank will appear where the middle initial would be. Please leave the same space blank on this form.

Deduction Code 'Deduction code' is a number that tells us what type of benefit the debtor received when the debt was established.

First Name Enter the first name of the person whose credit card, debit card or bank account will be used to send us a payment.

Last Name Enter the last name of the person whose credit card, debit card or bank account will be used to send us a payment.

Daytime Phone Enter the daytime telephone number of the person whose credit card, debit card or bank account will be used to send us a payment. We will call if a problem is encountered with the payment.

Payment Amount Enter payment amounts in currency format. Amounts less than \$10 cannot be accepted.

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If you have questions, please call the VA Debt Management Center at 1-800-827-0648 between 7:30 and 4:00 pm Central time.

YOUR PRIVACY IS IMPORTANT TO US. PLEASE READ THE FOLLOWING:

Privacy Act Information: The information you furnish on this form, including your Social Security Number, is used to associate your payment with your accounts receivable record so that we may properly credit your account. Disclosure is voluntary. However, without disclosure, a credit card transaction or direct debit transaction cannot be processed. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the **Federal Register**. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.

OMB Number: 2900-0663
Estimated Burden: 10 minutes

Respondent Burden: VA may not conduct or sponsor and respondent is not required to respond to this collection of information unless it displays a valid OMB control number.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

If you have comments regarding this burden estimate or any other aspect of this collection of information, contact:

U.S. Department of Veterans Affairs
Debt Management Center
P.O. Box 11930
Ft. Snelling, MN 55111
1-800-827-0648 (Toll Free)
612-970-5688 (fax)

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