



Mid Atlantic Remittance

Default : Payments : Enter

Default Payments Reports Transactions Letters

Bene Info

First Name: Middle Initial: Last Name:

Daytime Phone:

Bill Number Trust Fund
 SSN BIC SSI Est Date
 Account ID: Trust Fund

Payment Info

Use same name as above

First Name: Middle Initial: Last Name:

Street:

City: State: Zip:

CC #: Type: Exp. Month Exp. Year

Amount: Reason Code

Recurring

Effective Date: Termination Date: Da

First payment will be processed on:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this information collection is 0960-0462. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

Privacy Act Statement Collection and Use of Personal Information

Sections 204(a)(1) and 1631(b)(1) of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to process your payment(s) by credit card.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent us from processing your credit card payment.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us); and,
3. To banks enrolled in the treasury credit card network to collect a payment or debt when the individual has given his/her credit card number for this purpose.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0231, entitled Financial Transactions of SSA Accounting and Finance Offices. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.