



# Credit Card Remittance

Default : **Payments** : Enter

Default Payments Reports Transactions Letters Auditing Admin Reference Guide

## Bene Info

First Name:  Middle Initial:  Last Name:

Select an account type:  SSN  AccountID

SSN  RECOOP Bill #  BIC  SSI Est Date

Trust Fund

Receipt Number:

Reason Code

## Payment Info

Use same name as above  Will there be multiple payments with the credit card?

First Name:  Middle Initial:  Last Name:

Street:

City:  State:  Zip:  -

Daytime Phone:

CC #:  Type:  Exp. Month  Exp. Year

Amount:

One time payment

Begin Month:  Begin Year:

End Month:  End Year:

ALT+S

***SSA will insert the following revised Privacy Act Statement into the form as soon as possible:***

**Privacy Act Statement  
Collection and Use of Personal Information**

Sections 204(a)(1) and 1631(b)(1)(A) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of this information may prevent us from collecting your one-time or recurring credit card payment(s) for your overpayment of Social Security benefits.

We will use the information you provide to process your one-time or recurring credit card payment(s). We may also share the information for the following purposes, called routine uses:

1. To third party contacts such as private collection agencies and credit reporting agencies under contract with the Social Security Administration (SSA) and other agencies, including the Veterans Administration, the Armed Forces, the Department of the Treasury, and State motor vehicle agencies, for the purpose of assisting SSA in recovering program debt; and
2. To banks enrolled in the treasury credit card network to collect a payment or debt when the individual has given his or her credit card number for this purpose.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0094, entitled Recovery of Overpayments, Accounting and Reporting/Debt Management System and 60-0231, entitled Financial Transactions of SSA Accounting and Finance Offices. Additional information and a full listing of all our SORNs are available on our website at <https://www.ssa.gov/privacy/sorn.html>.

***SSA will insert the following revised PRA Statement into the form as soon as possible:***

**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. 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.***