	Form Approved: OMB No. 0910-0511 Expiration Date: October 31, 2024. See Instructions for OMB Statem		
DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DEVICE FACILITY USER FEE	PAYMENT IDENTIFICATION NUMBER: Include the Payment Identification Number (PIN) with payment.		
The following actions must be taken to properly submit your par	yment:		
1. To submit payment, please select one of the following option	ns:		
A. To pay electronically using ACH (electronic check from a	a US bank) or a credit card, please select the "Pay Now" option.		
B. To pay using a check drawn on a US bank in US dollars Make check payable to the Food and Drug Admi Write the payment identification number (PIN) or Mail check and a printed copy of the order to: Food and Drug Administration P.O. Box 979108 St. Louis, MO 63197-9000	inistration		
 For checks sent by courier, mail the check and p 	printed copy of the order to:		
Attn: ATTN: Government Lockbox 979108 1005 Convention Plaza St. Louis, MO 63101 Note: This U.S. Bank address is for courier delive	ery only; do not send mail to this address.		
C. To pay by wire transfer, please read the following:			
You are responsible to pay any administrative costs asso- financial institution regarding the additional fees.	ociated with the processing of a wire transfer. Contact your bank or		
US Department of Treasury TREAS NYC 33 Liberty Street New York, NY 10045			
FDA Deposit Account Number: 75060099 Beneficiary: Food and Drug Administration, 12225 Wilkins Avenue Rockville, MD 20852 US Department of Treasury routing/transit r SWIFT Number: FRNYUS33			
You must include the user fee payment identification nur transfer is added to your fee payment.	mber (PIN), and ensure that the fee that your bank will charge for the wire		
Company Name and Address	3. Contact Name		
	3.1 E-mail Address		
2.1 Employer Identification Number (EIN)	3.2 Telephone Number		
	3.3 Fax Number		

4. PIN-PCN (Payment Identification Number-Payment Confirmation Number): 5. Amount Due: 30-Apr-2024

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