



Your ~~may~~ pay your obligations to the United States Department of Justice, Tax Division may be settled with your Visa, MasterCard, Diners Club, Discover or American Express Card

INSTRUCTIONS: 1. Completely fill out all blanks to ensure proper processing of this credit card. 2. Either mail or fax completed form to: U. S. Department of Justice Nationwide Central Intake Facility 1110 Bonifant Street, Suite 310 Silver Spring, MD 20910 Fax: 301-585-3042	For Internal Use Only
	NCIF Technician Name
	Date & Time Entered on Pay.Gov
	Received by mail/fax: _____ Received by phone: _____ (check one)



Bank Card Number _____ Expiration Date: _____

Security Code (On back of card except Amex): _____

CDCS Claim Number: _____ Payment Amt: _____

(Print) Name of Debtor _____

(Print) Cardholder's Name _____

Phone Number _____ Email Address _____

(Optional - if you want a confirmation email)

Address _____

City _____ State _____ Zip Code _____

Cardholder acknowledges that the ~~Tax~~ United States Attorney, Private Counsel or Legal Division will apply the payment amount shown above to the debt(s) represented by the referenced Collection Office CDCS Claim Number. Cardholder agrees to perform the obligations set forth in the cardholder's agreement with issuer.

Authorized Cardholder's Signature

Date