



DEPARTMENT OF VETERANS AFFAIRS

Debt Management Center
Bishop Henry Whipple Federal Building
P.O. Box 11930
St. Paul, MN 55111-0930

File Number:
Payee Number:
Person Entitled:
Deduction Code:
Questions? <https://iris.custhelp.va.gov/app/ask/>
(Please provide the information above
on any IRIS correspondence)

According to our records, your
ment of Veterans Affairs has been increased by \$
as of the date of this letter, is \$

indebtedness to the Depart-
. The balance of your debt,

We would like to help, so please reach out if you have any questions. You can call our office at 1-800-827-0648 from 6:30 a.m. to 6 p.m. CT Monday through Friday, if you need help with options for paying the debt. Visit www.va.gov/debtman for Saturday availability. If you have a question about where the debt came from or believe your benefit rate is incorrect, please call 1-888-442-4551 for education benefits or 1-800-827-1000 for other VA benefits.

PLEASE TAKE ACTION: RESPOND WITHIN 30 DAYS

Please pay this bill within **30 days** to avoid more interest and collection fees on your debt amount. To pay the bill, please:

- Paying online at www.pay.va.gov. Click "Pay Online." You can choose between paying from your bank account or by credit card. Instructions are on the web page.
- Using Visa, MasterCard, American Express, Discover, or Western Union "Quick Collect." For information about how to pay by credit card or Western Union, please call us at 1-800-827-0648.
- Send a check or money order to the U.S. Department of Veterans Affairs. Please write your VA file number on the check or money order. Please fill out the remittance form at the bottom of this letter and return it to the address at the top of this letter.

IF YOU CANNOT AFFORD TO PAY YOUR DEBT: In some cases, we can waive all or part of the increased portion of your debt. We can also work with you on a payment plan. To see if you are eligible for either option, please call 1-800-827-0648. If you are eligible for a waiver on this increase, we must receive your request within **180 days** of the date of this letter. Thank you for your service to our country - or for supporting your Veteran's service and thank you for allowing us to serve you.

FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT



Department of Veterans Affairs

PAYMENT REMITTANCE

* FILE NO. ▶		AMOUNT ENCLOSED	ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT. PLEASE INCLUDE YOUR ZIP CODE.
PAYEE NO. ▶		\$	
PERSON ENTITLED ▶		YOUR TELEPHONE NO. (Include Area Code)	
DEDUCTION CODE ▶			
* Please include this number on your check or money order.			