U.S. DEPARTMENT OF THE TREASURY BUREAU OF THE FISCAL SERVICE P. O. BOX 830794 BIRMINGHAM, AL 35283-0794

December 22, 2015





JOHN DOE U.S. Treasury Financial Management Servi P.O. Box 2451 Birmingham, AL 35201-2451

## Our records indicate that you owe the U.S. Government \$98.60.

The Receivables Due from the Public, Bureau of Comptroller and Global Financial Service, referred your unpaid debt to the U.S. Department of the Treasury, Bureau of the Fiscal Service, for immediate collection. You must immediately pay your debt to stop collection action and prevent the addition of more interest, penalties and administrative costs.

Treasury Case Number:
Agency Debt Number:

## How Do I Pay My Debt?

Pay Online: Visit www.pay.gov/paygov/paymydebt and follow the instructions to pay online.

Pay By Phone: Call (888) 826-3127 and provide our agent your debit card information. You may also discuss payment options with representatives at this number if you are unable to satisfy the debt immediately.

Pay By Mail: Mail your payment and completed payment coupon to the address below. If you pay by check, include the Treasury Case Number 1500169321A in the memo section of your check.

## What If I Do Not Pay My Debt?

As allowed by federal law, we may withhold some or all monies from your tax refunds and other federal and state payments. We may garnish your wages, refer your unpaid debt to a collection agency and report your debt to the credit bureaus, which could hurt your credit score. You will find further information online at www.fiscal.treasury.gov/debt

U. S. Department of the Treasury, Bureau of the Fiscal Service

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**DETACH HERE** 

## PAYMENT COUPON

\*Includes applicable interest, administrative costs and penalties,

Send your payment to: U.S. Department of the Treasury P.O. Box 979101 St. Louis, MO 63197-9000

Send all other mail to: U.S. Department of the Treasury P.O. Box 830794 Birmingham, AL 35283-0794

Treasury Case Number:		*Amount Due: \$98,60
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☐ Check ☐ Money Or	der A	mount Enclosed \$
Debit Card Account No	ımber:	
Expiration Date:	Author	ized Amount
Authorized Signature:		

