PAYMENT FORM

Case Activity No:_____

Name: _____
Address: _____
_____

Amount Due: $_____

Select Method of Payment:

_____Payments of $10,000 or more may be made by wire transfer.

_____ Check (Make Checks Payable to: **U.S. Coast Guard**. Also Write Case No. on Memo of Check)

_____ Master Card or VISA (only)

If paying by credit card, please charge my:

☐ Master Card ☐ Visa

Expiration date: _____ (mm/yy)

Card Number:

Signature:_____

If you are unable to pay the penalty in full, you may contact our collection office at (510) 437-3644 to discuss a payment plan. Please note office hours are on Pacific Standard Time, or Pacific Daylight Savings Time.

ENCLOSE THIS FORM WITH YOUR PAYMENT AND MAIL TO:

If mailing your payment using the U.S. Postal Service please use the address below…	**If mailing you payments thru express mail such as FedEx please use the lockbox address below…**
US Coast Guard Civil Penalties P.O. Box 531112 Atlanta, GA 30353-1112	Bank of America Lockbox Number 531112 (CFP) 1075 Loop Road Atlanta, GA 30337-6002

For Wire Transfer:

Send to:	Federal Reserve Bank, New York City, NY
BNF:	70060000
ABA #:	021030004 Treas NYC
Type/Subtype Code:	10 00
OBI:	Coast Guard Civil Penalty Activity # _____

For Office Use Only:

Clerk Auth No. Ref. No.

*---------- $_____