OMB No 0960-0462

PAYMENT STUB

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us; make sure our address shows through the window of the envelope.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Mid-America Program Service Center, PO Box 15531, Kansas City MO 64106-9701.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

  OR

  to pay by phone, call 1-800-821-5012 TOLL FREE during the hours 6:30 AM to 5:45 PM CT. Please have this notice and your credit card available when you call.

SSA-53-EP DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER:

AMOUNT DUE:
DATE DUE:

PAYMENT AMOUNT $ _____

[] Check box if your address or telephone number has changed. Make changes below.

_____ _____

_____ _____

[]MASTERCARD []VISA []DISCOVER

Credit Card Number Exp Date

_____ _____ _____

Cardholder's Signature Date

_____ _____ _____

SOCIAL SECURITY ADMINISTRATION
PO BOX 3430
PHILADELPHIA PA 19122-9985

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