

United States District Court, Western District of Wisconsin

# **ONLINE CRIMINAL DEBT PAYMENTS**

Beginning July 15, 2017, criminal debtors may make payments online using Pay.gov. Pay.gov is a secure government website that allows individuals to submit payments electronically for federal debts. Pay.gov is managed by the Department of Treasury, Financial Management Services.

### **PROCEDURE:**

1. From the home page (<u>www.pay.gov</u>), click the Log in link at the top of the page using your user name and password. If you do not have a username and password, refer to the <u>Criminal Debt Self Enrollment</u> instructions. If you wish to proceed without logging in, go to step 2.



2. Locate the *Find Forms, Agencies...* search box at the top of the screen. Type **WIW** in the box and click search.



### **NOTE:** Do not use the *United States Courts* link on the front page!

3. The search results screen displays the *WIWD Criminal Debt Form* link. Click *Continue to the Form* to access the form.

# WIWD Criminal Debt Form



4. Follow the instructions on the screen to proceed to the payment form. Complete the *Criminal Debt Payment* form. All fields must be complete. To locate your CCAM number, refer to your monthly payment coupon. If you are unable to locate your CCAM number, please contact the Clerk's Office of the U.S. District Court at 608-261-5721 or <u>financial@wiwd.uscourts.gov</u> for assistance.

	United States District Court Western District of Wisconsin Criminal Debt Payment Form Use this form to make Criminal Debt Payments							
Defendant Type: (	Individual	O E	Business					
Defendant Name:	Doe		John					
L	ast:		First:		Middle:		Generation:	
Business: If payment is being made on benait of a business, enter the legal entity name for the business.   Court Case Number: 06 - 000163 - 001   (Enter CCAM number as it appears on your payment coupon. See example below) Court Case Number: 06-CR-163-S-01   District Code: CCAM Number: Amount Due: Date Due: Amount Enclosed:   WIW DWIW306CR000163001 Date Due: Amount Enclosed:								
🖂 Self Pay 🛛 Third-Party Payer								
Account Holder	r Name: Last:	Doe First: John						
A	ddress:	123 Main Street					]	
							]	
City/State/Zip:		Madison		consin		53703	]	
Phone N	Phone Number:		4-5156	E	xt.	ŀ	lome	
Amount of this Payment: \$100.00								

5. After entering the amount of the payment, click *continue* to be directed to the payment information page.

6. Users may choose to pay using one of two options – through a bank account (ACH) or by a plastic card (credit, debit, or prepaid card). Select your payment method and then *Next*.

# WIWD Criminal Debt Form

Before You Begin	1 Complete Agency Form	2 Enter Payment Info	3 Review & Submit	4 Confirmation		
Payment Information						
Payment Amount: \$100.00						
* I want to pay w	ith my:					
Bank accourse Debit or cre	nt (ACH) dit card					
Previous	Return to Form Cancel			Next		

7. As an enrolled Pay.gov user, your payment accounts (savings, checking, credit card, or debit card) will automatically populate. If you have not created a Pay.gov account, or have not saved your account information to your profile, you will manually enter this information. When the payment information is complete, click *Review and Submit Payment*.

Before You Begin 1 Complete A	gency Form	2 Enter Payment Info	3 Review & Submit	4 Confirmation
Please provide the payment i	nformation	below. Required field	Is are marked with a	an*.
* Payment Amount:				
\$100.00				
* Payment Date (mm/dd/yyyy)				
06/14/2017				
* Account Holder Name				
John Doe	±.			
Select Account Type				
Personal Checking	-			
Image: State of the s	Andrea to an and a second seco	Manage No. 2245800		
042000424				
* Account Number				
80001				
* Confirm Account Number				
80001				
CCAM Number DWIW306CR000163001				
Previous Return to Form	Cancel		Review	v and Submit Payment

8. On the payment review screen, check the box that you would like to receive an email confirmation of the transaction and enter your email address twice for confirmation. Before completing the transaction, you must agree to the Pay.gov authorization and disclosure statement by checking the second box. Click *Submit*.

#### WIWD Criminal Debt Form

Before You Begin 1 Complete Agency Form	2 Enter Payment Info 3 Review & Submit 4 Confirmation
Please review the payment information below. Required	fields are marked with an *
Payment Information	
Payment Type: Bank account (ACH)	
Payment Amount: \$100.00	
Payment Date: 06/14/2017	
CCAM_Number: DWIW306CR000163001	
Account Information	
Account Holder Name: John Doe	
Routing Number: 042000424	
Account Number: ********0001	
would like to receive an email confi	rmation of this transaction.
* Enter Email Address:	
john.doe@gmail.com	
* Confirm Email Address:	
john.doe@gmail.com	
CC:	
Additional Email Addresses	
You may enter multiple email addresses in	this field. Separate email addresses with a comma.
Authorization and Disclosure Statement	Printable version
Authorization and DisclosureConsumers and Bus The debit transaction(s) to which you are agreeing which consists of services offered by the U.S. Trea used in this document, "we" or "us" refers to the B contractors operating Pay.gov. "You" refers to the o engaging in a debit transaction. I. Consumers	sinesses are handled on behalf of Federal agencies by "Pay.gov," asury Department's Bureau of the Fiscal Service. As Jureau of the Fiscal Service and its agents and end-user reading this document and agreeing to it prior to
gree to the Pay.gov authorization a	nd disclosure statement
Previous Return to Form Cancel	Submit Payment

\*\*\*IMPORTANT\*\*\*

Let the payment process finish completely. Do not use the browser buttons to move back to the previous screen as this may result in duplicate payments. Duplicate payments are not refunded unless the ordered criminal debt is overpaid.

If you do not receive a *Confirm Payment* screen, close the application and contact the court at 608-261-5721 to confirm whether the payment processed.

9. After payment is submitted, a *Confirm Payment* screen displays with Tracking ID numbers. The Agency Tracking ID is your receipt number confirming payment.

For your security, we recommend you close your browser when you complete your payment.

# Payment Confirmation - WIWD Criminal Debt Form

Before You Begin	1 Complete Agency Form	2 Enter Payment Info	3 Review & Submit	4 Confirmation
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Your payment has been submitted to Pay.gov and the details are below. To confirm that the payment processed as expected, you may refer to your bank statement on the scheduled payment date. If you have any questions or wish to cancel this payment, you will need to contact the agency you paid at your earliest convenience.

### **Payment Submission**

#### Your payment is submitted

Pay.gov Tracking ID: 3FP9QHQ6 Agency Tracking ID: 120035049580 Form Name: WIWD Criminal Debt Form Application Name: WIWD Criminal Debt **Payment Information** Payment Type: Bank account (ACH) Payment Amount: \$100.00

Transaction Date: 06/13/2017 01:06:40 PM EDT

Payment Date: 06/14/2017

CCAM Number: DWIW306CR000163001

#### Account Information

Account Holder Name: John Doe

Routing Number: 042000424

Account Number: \*\*\*\*\*\*\*\*\*0001

#### **Email Confirmation Receipt**

Confirmation Receipts have been emailed to: john.doe@gmail.com

Print Receipt

10. If you have made an error in submitting your payment, please contact the financial office at 608-261-5721 or <u>financial@wiwd.uscourts.gov</u>.

## ADDITIONAL INFORMATION:

Pay.gov User Guide