

HCTC Payment Coupon

Instructions

Use this replacement HCTC payment coupon if you are a monthly HCTC participant and 1) need to make an additional payment to the HCTC Program, or 2) do not have your original payment coupon.

Step 1: Complete the information requested in the spaces provided directly below. Please note that it is strongly recommended that you complete this form prior to printing. Electronic completion of this form will assist with the accurate and timely processing of your payment.

HCTC Account Number:

Re-enter HCTC Account Number:

Participant Name:

Street Address:

City, State and Zip:

Amount Paid:

\$

Step 2: Print this document.

Step 3: Cut off the payment coupon where indicated below.

Step 4: Send the payment coupon along with your payment to:

US Treasury – HCTC
P.O. Box 970023
St. Louis, MO 63197-0023

Payment Details

The HCTC Program accepts the following payment methods: personal check, business check, certified check, cashier's check, money order, debit card, and credit card (Visa, MasterCard, American Express, Discover, Diners).

If paying by check, make your check payable to **US Treasury – HCTC**. Write your HCTC Account Number on your check. Checks must be drawn from a bank within the United States. Checks will be processed upon receipt. Post-dated checks will not be held for a later deposit.

If paying by debit card or credit card, write your card number and expiration date in the space provided on the payment coupon. Sign where indicated.

Failure to provide all required information may delay processing of your payment.

Cut along this line and remit the below payment coupon with your payment.

Pay by credit card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Diners
Card Number	_____				Exp ____ / ____
Signature	_____				
I agree to pay the total amount indicated according to my card issuer agreement.					

HCTC Account Number:

Participant Name:

Street Address:

City, State and Zip:

Amount Paid:

\$

Please make your payments to:

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