

**In-Service Debt Account Information**

Use this form to enter information related to your In-Service debt and make your payment via ACH (checking account debit) or credit card.

**\*\*\*IMPORTANT: Please ensure you enter information as it appears on your billing statement (see sample for reference).**

**\*\*\* If your billing service code is NOT "IS", you have reached this payment form in error.**

**\*\*\* If you do not have a billing statement or have questions regarding your billing statement, please call DFAS Debt & Claims Management customer service at 1-866-912-6488.**

First Name\*

M.I.

Last Name\*

Suffix

Account Number\*

Re-enter Account Number\*

Service Code: IS

Amount Due\* (from Statement)

Email Address\*

**PAYMENTS MUST BE MADE IN FULL:** If payment is not made in full by the suspense date provided on your debt notice an administrative charge of \$15.00 will be added to your existing debt and the entire debt amount will be deducted from your pay in regular installments without further notice. For further inquires call Debt Management Customer Service at: 1-866-912-6488. Follow the Prompts for In-Service debts.

All fields with an \* are required. Information for Name, Account Number and Service Code must match your billing statement or your payment will not post correctly to your account. We will notify you of any issues with your payment via the Email address you enter. Please allow 4 days for DFAS Processing.

I have read and understand the above statement.

After completing all required entries denoted by an \* and clicking the statement of understanding, click the Submit Data button to go to the payment information page.

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For details on how to pay on-line, visit  
[www.dfas.mil/dfas/debtandclaims](http://www.dfas.mil/dfas/debtandclaims)

You will need the following information to pay on-line

NAME:	FIRST MIDDLE LAST
ACCOUNT #:	XXXXXXXXXX
SERVICE CODE:	IS
AMT DUE:	XX.XX