## Pay.gov Payment Guide for FSIS Establishments

- Go to: <a href="https://www.pay.gov/public/form/start/22037977">https://www.pay.gov/public/form/start/22037977</a>
- Select [Continue to the Form]

## USDA FSIS

| (1)                                    | 2                               | 3                            | 4                           | 5                      |
|--|---------------------------------|------------------------------|-----------------------------|------------------------|
| Before You Begin                       | Complete Agency Form            | Enter Payment Info           | Review & Submit             | Confirmation           |
| bout this form                         |                                 |                              |                             |                        |
| This form collects fees charg          | ged for federal meat/poultry/eg | g inspections/penalties that | occurred for USDA Food Safe | ty Inspection Service. |
| Accepted Payment Method                | s:                              |                              |                             |                        |
| <ul> <li>Bank account (ACH)</li> </ul> |                                 |                              |                             |                        |
| Debit or credit card                   |                                 |                              |                             |                        |
| Preview Form                           | el                              |                              |                             | Continue to the Form   |

## <u>Please confirm the form states that it is for USDA – FSIS as shown below. If it does not,</u> <u>please try again or perform search for USDA FSIS.</u>

• Complete the Required Fields (\*)

| <ul> <li>Complete the</li> </ul> | • Complete the Required Fields (*) |                         |                      |                   |  |  |
|----------------------------------|------------------------------------|-------------------------|----------------------|-------------------|--|--|
| USDA FSIS                        |                                    |                         |                      |                   |  |  |
| Before You Begin Con             | 2<br>nplete Agency Form            | 3<br>Enter Payment Info | 4<br>Review & Submit | 5<br>Confirmation |  |  |
| USDA<br>FSIS                     |                                    |                         |                      |                   |  |  |
| USDA FOOD SAFETY                 | & INSPECTION SI                    | ERVICES                 |                      |                   |  |  |
| * Required Field                 |                                    |                         |                      |                   |  |  |
| Customer Name *                  |                                    |                         |                      |                   |  |  |
| Point of Contact Name *          |                                    |                         |                      |                   |  |  |
|                                  |                                    |                         |                      |                   |  |  |
| Company Address *                |                                    |                         |                      |                   |  |  |
|                                  |                                    |                         |                      |                   |  |  |
| City *                           | State *                            |                         | Zip *                |                   |  |  |
|                                  |                                    |                         | <b>\$</b>            |                   |  |  |
| Telephone *                      |                                    | Extension               |                      |                   |  |  |
|                                  |                                    |                         |                      |                   |  |  |
| Email Address                    |                                    |                         |                      |                   |  |  |
|                                  |                                    |                         |                      |                   |  |  |
| Payment Type *                   |                                    |                         |                      |                   |  |  |
| Account Statement                |                                    |                         |                      |                   |  |  |
| Total Payment                    |                                    |                         |                      |                   |  |  |
| \$0.00                           |                                    |                         |                      |                   |  |  |
| Continue                         | PDF                                |                         |                      |                   |  |  |

| Account Statement Information |          |                            |   |  |  |  |  |
|-------------------------------|----------|----------------------------|---|--|--|--|--|
| Customer # *                  | Comments | Payment Amount *           |   |  |  |  |  |
| Customer # is required        |          | Payment Amount is required | Θ |  |  |  |  |
| + Add Another                 |          |                            |   |  |  |  |  |

## • Select [Continue]

Γ

| Total Payment  |                           |
|--|---------------------------|
| \$0.00   |                           |
| Continue View PDF  |                           |
| Choose the Payment Type  |                           |
| • Select [Next]  |                           |
| USDA FSIS  |                           |
| A     Before You Begin Complete Agency Form Enter Payment Info Review & Su | 5<br>Ibmit Confirmation   |
| Payment Information  |                           |
| Payment Amount \$1.00  |                           |
| * I want to pay with my  |                           |
| O Bank account (ACH)   |                           |
| O Debit or credit card   |                           |
| Previous Return to Form Cancel   | Next                      |
| <ul> <li>Enter the Payment Information</li> </ul>                          |                           |
| <ul> <li>Select [Review and Submit Payment]</li> </ul>                     |                           |
| Previous Return to Form Cancel   | Review and Submit Payment |

• Review for accuracy and submit the payment