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mocas-accs

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### MOCAS-ACCS

The MOCAS-ACCS form is used for the submission of funds on contracts where the payment office is listed as MOCAS North (HQ0337), MOCAS South (HQ0338) or MOCAS West (HQ0339).

**Form Number:** MOCASACCS

**Agency:** Defense (DOD) Defense Finance & Accounting Service (DFAS)

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### We're here to help!



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Monday - Friday  
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# MOCAS-ACCS

- Before You Begin
- 1 Complete Agency Form
- 2 Enter Payment Info
- 3 Review & Submit
- 4 Confirmation

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Defense Finance and Accounting Service

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### Submit a payment to DFAS Columbus

**Attention - The Company Id for this payment has changed. If you are a first time user or a regular user of this form, please make sure this new company id is given to your company's bank and the debit block is removed before filling out this form.**

**The new company id is 00006469N1.**

Please avoid using your Enter key - this may lead to incomplete data being transmitted.  
Please use the Submit Data button to submit your form.

Contact us: [DFAS.DSCC.JA1.MBX.MOCAS-AR@MAIL.MIL](mailto:DFAS.DSCC.JA1.MBX.MOCAS-AR@MAIL.MIL)

Credit Invoice #  Shipment Number

Bill of Collection Number

Contract Number

Delivery Order Number

CAGE# \*

Contractor Name\*

Contractor Point of Contact\*

POC Phone\*

POC Email Address\*

Address 1\*

Address 2

City\*  State\*  ZIP\*

Total Payment Amount\* \$

ACRN (600 character limit)

CLIN (600 character limit)

\*You may enter multiple values separated by commas in the ACRN and CLIN fields

Description of Overpayment:  
Include Applicable Shipment Number and MOCAS region (North, South, West)  
(1500 Character Limit)

Additional Data to be Submitted?  Yes  No

\* - required field

[Click here to view a sample contract](#) [Click here to view a Glossary of terms](#)

If ACRN/CLIN/Shipment information is voluminous you may choose to fax the supporting documents to: 216-367-3456

Please include the contract number/bill number with your fax or e-mail.

**U.S. Treasury has established a maximum transaction amount for credit card payments made through Pay.gov of \$24,999.99. If the amount you plan to pay exceeds this limit, you must choose ACH as your method of payment.**

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### Payment Information

Payment Amount: \$

\* I want to pay with my:

- Bank account (ACH)**
- Debit or credit card**

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### Need Help?

**Contact:** Customer Care Center

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**Phone:**  
800-756-4571 opt 1

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Email: [Click to email](#)

Phone:

800-756-4571 opt 1

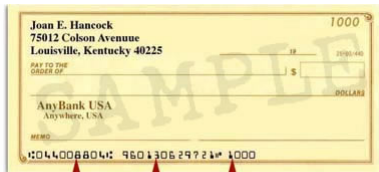
Please provide the payment information below. Required fields are marked with an \* .

\* Payment Amount:

\* Payment Date (mm/dd/yyyy)

\* Account Holder Name

\* Select Account Type



↑ routing and transit #    ↑ checking account #    ↑ check #



↑ check #    ↑ routing and transit #    ↑ checking account #

\* Routing Number

\* Account Number

\* Confirm Account Number