

Overissuance Repayment Agreement
_____ County

I, _____ residing at _____ do hereby agree to repay the _____ County Department of Social Services the total of \$ _____ for benefits received by me to which I was not entitled.

This overpayment is for the following dates, and amounts:

☐ Energy for \$ _____ From _____ to _____

I will pay in the following manner:

☐ I agree to pay the full amount of this claim \$ _____ on _____

☐ I agree to make a down payment of \$ _____ on _____ and make regular payments of \$ _____ on _____ of each month until the balance is paid in full.

☐ I agree to make regular payments of \$ _____ on _____ of each month until the balance is paid in full.

Note: A monthly payment cannot be less than **\$25.00**

I understand that this agreement must be accepted by _____ County Department of Social Services in order to be binding. This agreement is null and void and the full amount due and payable should I miss even one payment. I also understand that _____ are acceptable forms of payments. I will not mail cash payments. Acceptable forms of payments will be mailed to _____ or payments will be made in person and with correct change at _____.

Failure to enter into a repayment agreement or to pay as agreed above can result in State Income Tax Refund interception and/or NC Education Lottery winnings interception. Failure to enter into a repayment agreement or to pay as agreed can also result in civil court action and/or other collection activity.

Signed: _____ (Seal) Date: _____

Subscribed and sworn or affirmed to before me this _____ day of _____. 20__

(Seal) _____ (Notary Public) My Commission Expires _____

By signing below, I accept this repayment agreement on behalf of _____ County Department of Social Services.

Investigator

Supervisor (optional)