



Repayment Agreement

Joe Patton, Director
 951 Commerce Parkway
 Lima, Ohio 45804

Mailing Date:	Date Form Due Back to Agency:
Name:	Case Name:
Street Address:	Case Number:
City, State and Zip Code:	County: Allen

This is a repayment agreement between the Allen County Department of Job and Family Services and the following liable individual(s):

Name:	Contact Number:
Name:	Contact Number:

Repayment Agreement:

As of today, your total overpayment balance is \$_____.

- I agree to pay the entire amount of the claim at this time.
- I agree to make a monthly payment of \$_____ on the _____ of each month until the overpayment is paid in full. The first payment is due _____.

I have elected to pay by (select one):

- Check or Money Order
- Cash
- Debit or Credit Card

*You may change your method of payment by calling 419-228-2120.

Agreement:

I agree to pay the amount listed above by the due date each month until the balance is paid in full. I understand that failure to make the payment by the designated due date will cause the agency to authorize an additional repayment agreement or pursue other collection methods such as, but not limited to, wage garnishments, social security, and offsets.

If you have any questions about how to complete this form, please call our agency at 419-228-2120.

Failure to sign and return this form does not relieve you from your obligation to make payments by the designated due date. Other collection action will be initiated if payment is not received by the due date.

Individual Signature:	Date:
Individual Signature:	Date: