

### AGREEMENT FOR VOLUNTARY PA REPAYMENT FROM CASH EBT ACCOUNT

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ ----- <b>OR</b> Agency Conference _____  Record Access _____  Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Case Payee's SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### Public Assistance Benefits Overpayment

You are currently receiving public assistance, and you were notified that you have a public assistance overpayment and that your monthly public assistance benefits will be recouped (reduced) to pay back this overpayment. If you would **also** like us to take a one-time only additional amount from your public assistance benefits EBT cash account to pay back this overpayment, please fill out below:

I, \_\_\_\_\_, would like the agency to take:

- Everything in my EBT Cash Account, up to the amount of my overpayment(s).
- \$ \_\_\_\_\_ from my EBT Cash Account, up to the amount of my overpayment(s).

I understand that this repayment from my EBT account is strictly voluntary.

**Signature** of Head of Household \_\_\_\_\_ **Date** \_\_\_\_\_

Your Address (if different than above): \_\_\_\_\_

Your Phone Number **Or** Where We Can Reach You ( \_\_\_\_\_ ) \_\_\_\_\_.

If a phone number and/or address is in the box below, use this to contact us and to send back your Repayment Agreement. If the box is blank, use the phone number and address at the top of the page.

**Accounting Use Only – Cash Repayment 02**

Date Entered on Admin Screen   /   /     Transaction Amount \$  ,    .

**Entered by:** \_\_\_\_\_

**Date Verified**   /   /