**County of null - Administrative Services**

Phone: (916) 851-3175

## Worker Name: Worker ID:

**Worker Phone Number: Date:**

**Case Name:**

**Case Number:**

**AGREEMENT TO REIMBURSE NOTE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete and return within 10 days.

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_\_\_\_ County sent you a notice stating that you were overpaid $\_\_\_\_\_\_ in benefits.

This agreement is between \_\_\_\_\_\_\_\_\_\_ County and me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I received $ \_\_\_\_\_\_\_\_ too much in \_\_\_\_<Program>\_\_\_\_\_\_. I agree to pay back this amount, as described below.

🞏 I will repay in one payment of $ \_\_\_\_\_\_\_ due on \_\_\_\_\_\_\_\_\_\_.

🞏 I will repay by monthly payments of $\_\_\_\_\_\_\_ due on the \_\_\_\_\_\_\_ day beginning \_\_\_\_\_\_\_\_\_\_\_.

If you have any questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing this form is voluntary. You are not required to agree to a repayment plan. If you do agree to a repayment plan,

you can stop this agreement at anytime by contacting the county office.

Recipient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(07/2020)

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