

## Repayment Agreement

**Please return this form with payment or** call your recovery specialist to discuss terms of repayment.

- ☐ My entire overpayment debt of \$ \_\_\_\_\_ is enclosed.
- ☐ I cannot pay the entire amount. I am offering the following payment plan:  
Enclosed is \$ \_\_\_\_\_. I propose to pay the balance of my  
overpayment with payments of \$ \_\_\_\_\_, due on the  
5<sup>th</sup> or 20<sup>th</sup> (circle the date) of each month until the debt is paid in full.

Visa, Master Card and Discover credit cards and bank debit cards are accepted for payment. Call your recovery specialist for details.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Return the completed form and make checks payable to:**

Overpayment Recovery Unit  
P.O. Box 14150  
Salem, Oregon 97309-0430

**Phone:** 503-373-7772 (Salem area) 1-800-273-0548 (Toll-free)  
503-373-7800 (TTY)