Department of Veterans Affairs

AGREEMENT TO PAY INDEBTEDNESS

VA FILE NO. *(Include letter prefix, if any)*	PAYEE NO. *(If known)*	PERSON ENTITLED	RECEIVABLE CODE

1. I, _____ , hereby acknowledge my _____
(Name of Debtor) ***(Type of Debt)***
indebtedness to the Department of Veterans Affairs in the amount of $ _____ , which consists of principal, interest and other costs accrued as of this date, as a result of my participation in a benefits program administered by the Department of Veterans Affairs.

A. Complete only if repayment will be made by monthly payments to VA Agent Cashier.

I promise to repay the Department of Veterans Affairs by paying minimum monthly payments of not less than $_____ , on or before the _____ day of each month beginning _____ .

I agree to mail monthly payment to the Agent Cashier Department of Veterans Affairs

_____
(Name and address of Department of Veterans Affairs station)

to arrive no later than the due date specified above.

B. Complete only if repayment will be through a payroll deduction plan.

I authorize a payroll deduction of $ _____ per pay period, beginning with the salary check to be received on _____ . This deduction shall remain in effect until the debt is liquidated.

2. I understand that, at the option of the Department of Veterans Affairs, any future benefit payments due to me may be withheld in lieu of this repayment agreement until the indebtedness is liquidated.

ADDRESS OF INDIVIDUAL COMPLETING THIS FORM *(No. and Street or Rural Route, City, State, ZIP Code)*

SIGNATURE	DATE