

REPAYMENT AGREEMENT ACKNOWLEDGEMENT OF DEBT (REPAYABLE)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* or the *Employment and Assistance for Person with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your Employment and Assistance Centre.

**FOR PLMS USE ONLY
(CLOSED FILE)**

OFFICE CODE	DATE (YYYY MMM DD)	FILE ID:
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I/We acknowledge that I/we received \$ _____ of assistance which is repayable under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*. I/We further acknowledgement that such payment constitutes a debt to the Province in the same amount.

I/We jointly and separately agree to pay Her Majesty the Queen in right of the Province of British Columbia (payable to the Minister of Finance) the sum of \$ _____. I/We will contact a representative of the Province at 1-877-815-2363 within 30 days of the date of signing this agreement to establish a repayment schedule.

I/We acknowledge that the terms of repayment of this debt will be subject to periodic review and revision at the sole discretion of the Province or its agents until the said sum is repaid in full.

Sample

)	(
SIGNATURE	SIGNATURE OF WITNESS
)	(
PRINT NAME	PRINT NAME
)	(
DATE (YYYY MMM DD)	DATE (YYYY MMM DD)
)	(
SIGNATURE	SIGNATURE OF WITNESS
)	(
PRINT NAME	PRINT NAME
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DATE (YYYY MMM DD)	DATE (YYYY MMM DD)

IDENTIFICATION: