



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 Office.

FOR OPEN FILE

OFFICE CODE DATE (YYYY MMM DD) FILE ID

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 \$ _____ payable in equal monthly installments of \$ _____ from _____.

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.

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

IDENTIFICATION