



Repayment Agreement Child Benefits

SR Number:

OFFICE CODE	DATE (YYYY MMM DD)	FILE ID
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In consideration of the ministry agreeing to provide me/us with an advance to replace a lost or stolen child benefits cheque, pursuant to the Employment and Assistance Regulation or the Employment and Assistance for Persons with Disabilities Regulation, I/we jointly and separately agree:

- a) to pay to Her Majesty the Queen in right of the Province of British Columbia
the sum of \$ _____ ;
- b) that the ministry may deduct that amount from subsequent payments of assistance and;
- c) if I am/we are not entitled to subsequent payments of assistance, to repay that amount on demand.

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