



**Maryland Child Support Administration
OVERPAYMENT RECOUPMENT**

DATE

NAME
ADDRESS
ADDRESS
CITY, STATE, ZIP

CASE:
IRN:
AMOUNT DUE:

Dear: NAME

The purpose of this letter is to notify you of a child support overpayment. Your child support arrears have been increased by the amount of the overpayment and we must request that you reimburse the State in the amount of \$_____.

We found that on _____ check number(s) _____ was issued to you totaling \$_____. You should have only received \$_____.

If you wish to establish a payment plan please contact our office at option 3 for more information.

Payment is accepted by personal check, cashier's check, certified check, or money order. Your payment should be made payable to the **Maryland Child Support Account (MDCSA)** and forwarded in the envelope provided along with the bottom portion of this letter to: **P.O. Box Baltimore, MD 21203. Please be sure to write your name, IRN, case number and the statement, "Adjustment Account Payment" on your check or money order.**

If you should have any questions concerning the overpayment recoupment, please call _____ option 3 for further assistance.

Thank you.