



Maryland Child Support Administration
OVERPAYMENT RECOUPMENT- SECOND NOTICE

DATE

NAME
ADDRESS
CITY
STATE ZIP

RE: CASE:
IRN:
AMOUNT DUE:

Dear:

This notice is the second attempt to contact you regarding the child support overpayment in the amount of _____. The first notice was sent on _____.

At this time MD CSEA is requesting reimbursement in the amount sent to you erroneously. The amount due is \$_____. If you wish to establish a payment plan please contact our office at 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 297 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.**

Please be advised that the Maryland Annotated Code, State Finance and Procurement §3-302 requires the MD CSEA transfer this debt to the Central Collections Unit (CCU), Department of Budget and Fiscal Planning, if this debt is not paid in full. Once the debt has been turned over to the CCU, a 17% collection fee will be added to the CCU account.

If you should have any questions concerning this matter please call for further assistance.

Thank you.

Cut along line and submit bottom portion with payment

Overpayment Recoupment Account Payment

Payer:
Case No:
IRN:

Amt Due:
Amount enclosed: \$_____