**Noncustodial Parent** 

NYC DSS Authorized Representative

Pay It Off Agreement	
RETURN SIGNED AGREEMENT TO:	Date:
OCSS - Pay It Off	Case ID:
PO Box 830, Canal St. Station	Non-Custodial Parent:
New York, NY 10013	Enter your phone/email:
This agreement is between you, , and the Human Resources Administration's Office of Child Support Services within the NYC Department of Social Services (NYC DSS). This agreement acknowledges your intent to voluntarily participate in the NYC DSS <i>Pay It Off</i> program. As a participant, you agree to pay your current support amount, if any, and \$500 or more towards your child support arrears, which are permanently owed to NYC DSS, between October 17, 2022 and October 31, 2022. Your NYC DSS arrears resulted from an order of support from the New York State Family Court and/or Supreme Court that is enforced through the Support Collection Unit.	
NYC DSS will accept payments made by mail, telephone, in person, or online. For any non-garnishment payment received from you between October 17, 2022 and October 31, 2022 via certified or personal check, money order, credit card or Visa/MasterCard debit card towards your NYC DSS arrears, totaling \$500.00 or more, NYC DSS will:	
satisfied. The amount taken to pay current longer exceeds \$500, it will not be matched	in the month of October if that has not yet been support will not be matched. If the remainder no based on the <i>Pay It Off</i> criteria.  500) to your child support account and match it
V V	ned NYC DSS child support debt by up to an additional have also enrolled in the <i>Arrears Credit Program</i> ; and
If applicable, eliminate the money judgmen judgment principal in full. We will tell you he	t interest owed to NYC DSS because you paid the ow much interest was removed in writing.
I agree that NYC DSS can apply any overpayment to credit D	SS's debt on other child support accounts I may have.
This document contains the entire Agreement between amended, or rescinded, except in writing signed by or o	•
Payments collected through a garnishment (including page seizure, tax intercept, or other administrative enforcement Payments made under this agreement do not by them can remove a warrant.	
By signing this Agreement, you understand the require has verified your identity.	ments you are agreeing to and that the NYC DSS
Agreements should include a photo or copy of a valid government-issued identification.	

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.