Copy

Provider Repayment Agreement

COUNTY OF TALLADEGA
STATE OF ALABAMA
Child Care Services Division

PROGRAM: Childcare Subsidy
PROVIDER ID: P0013410

(x) INITIAL ( ) SUBSEQUENT AGREEMENT

I, Douglas L. Yarnell understand and acknowledge that I have received payments or benefits to which I was not entitled in the total amount of $ 2,476.00
I also understand that so long as I comply with all the terms of this repayment agreement, the State of Alabama Department of Human Resources agrees not to initiate a civil action against me in any court to collect the above-stated debt; except that **THE STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES SHALL RETAIN THE RIGHT TO INTERCEPT MY STATE AND/OR FEDERAL INCOME TAX REFUND** to reduce the above-stated debt.
In consideration of the forbearance of the State of Alabama from initiating civil action against me, I agree and stipulate that I owe the State of Alabama a total balance amount of $ 2,476.00 . I promise to pay that amount by cash, cashier's check, or money order to the

Child Care Services Division

As follows: (Check one box below)

[ ] Recoupment in equal weekly installments of $ 206.33 from child care payments. Such payments to begin on 12/9/2024 and end on 02/24/2025

[x] In a lump sum of $ 2,476.00 on 12/09/2024

I agree that if I fail to pay any of the installments under the terms of this agreement I shall be in default of this agreement and all of the installments comprising the balance of the entire amount due the State of Alabama will become immediately due and payable without notice or demand.

I agree that this repayment agreement supersedes and replaces any repayment agreement heretofore signed by me for the above claim or issuance period.

Done this the 9th day of December

Douglas L. Yarnell
Signature of Provider

Witness: Stephanie Robinson Title: Director Date: 12-9-2024

Witness: Beverly Youngblood Title: Sect Date: 12-9-2024

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

10926531

85-129/842

RENASANT BANK

Corporate Offices
Tupelo, MS

BRANCH 215

DATE December 09, 2024

PAY TO THE ORDER OF *STATE OF ALABAMA*

$ *******2,476.00

TWO THOUSAND FOUR HUNDRED SEVENTY SIX DOLLARS AND ZERO CENTS

NAME OF REMITTER TRUE LIGHT COMMUNITY CHURCH

ADDRESS PROVIDER ID-P0013410

Notice to Customer:
The purchase of an indemnity bond may be required before this check will be replaced or refunded in the event it is lost, misplaced or stolen.

Security Features Details on Back

BY Tammy Henderson
AUTHORIZED SIGNATURE MP

Donna K Brown

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