

CUSTODIAL TEST TEST  
1901 W MADISON ST APT 00000  
PHOENIX, AZ 85009-5287

October 17, 2024



DEPARTMENT OF ECONOMIC SECURITY  
*Your Partner For A Stronger Arizona*

Katie Hobbs  
Governor

Angie Rodgers  
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST  
AZCARES No.: 001428730400

**Payment Agreement**

Dear \_\_\_\_\_:

The Division of Child Support Services (DCSS) records show that you owe a remaining balance of \$ \_\_\_\_\_ for an overpayment debt due to payments that were disbursed to you in error.

I agree to pay the debt owed to the DCSS by one of the following methods:

**(Check one of the following options)**

\_\_\_\_\_ Debtor agrees to pay the debt in full and a cashier's check or money order is attached.

\_\_\_\_\_ Debtor agrees to pay by having DCSS take \$ \_\_\_\_\_ of all incoming payments until debt is paid in full.

**\*Note: If incoming payments will no longer be received a new payment arrangement will have to be made\***

\_\_\_\_\_ Debtor agrees to pay DCSS in payment installments with a cashier's check or money order with **first installment attached** as indicated below:

\$ \_\_\_\_\_ Frequency: \_\_\_ weekly \_\_\_ bi weekly \_\_\_ monthly, **until paid in full.**

**\*only fill out the frequency if you choose the 3rd option.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail cashier's check or money order and payment agreement to the address listed below and include your AZCARES account number on all payments.

Division of Child Support Services (DCSS)  
Recovery Unit/ 019A  
P.O. Box 36626  
Phoenix, Arizona 85067



If you should have any questions or concerns, please contact the Recovery Unit at (602)542-4729. Recovery Unit  
Fax: 602.542.4725

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