# Overpayment Forgiveness Authorization

Date: 

Recipient Name: 

Recipient Address: 

This document serves as formal authorization for the forgiveness of the following overpayment:

| Overpayment Amount | Date of Overpayment | Description |
|---|---|---|
|  |  |  |

By signing below, I authorize the forgiveness of the above-mentioned overpayment and confirm that no further collection actions will be pursued regarding this matter.

Authorized By: 

Title: 

Signature: 

Date: