

**Payment Agreement — Verbal Authorization for  
One-Time Debit of an Active Lone Star Food Account**

**1. Client Information**

Client Name		Is requestor primary liable or authorized representative?	
FS Case No.	Client SSN	Client DOB	Client No.
Client Mailing Address			Client Telephone No. (if available)
Amount of One-Time Debit of Lone Star Food Account (as requested) \$ _____			

**2. OCIS/ARTS Information**

Claim Type	Overissuance Begin and End Dates
Amount Owed	Overissuance County Number

**3. Lone Star ATA Information**

Account Status	Account Balance
OIG/ARTS Employee Name	Date of Client's Request
Telephone Number	Mail Code

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Signature — Employee