Accounts Receivable Write-Off Form

Agency Name: _____
Contact Name: _____
Contact Number: _____
Contact Email: _____
Request Date: _____

Reference No. *(Agency Reference Number for Debt)*	Name of Debtor *(Name of the Company or Individual)*	Agency Location ID *(Optional field for agencies with District or Regional Offices)*	Original Due Date of Account *(Date when the Debt orginally became Due)*	Original Amount of Account *(Amount of the Original Debt)*	Current Balance *(Current Balance of the Debt)*	Write-off Amount *(Amount of the request for Write-off)*	Collection Status *Use drop down box to indicate the collection status. If the account will be closed upon write-off approval, select (4) .*	Collection Status Detail *Give an explanation of why the accounts will not be placed, returned or closed with a collection vendor. Or if the account is currently placed with a collection agent confirm the account has been there for at least 6 months.*	Collection Agent *ARM, CMI, CPI, NES, PBF, SLG, TSI, UCB*	Debt Type *Use drop down box to indicate type of debt*	Other Debt Type *If other was selected, please indicate the type of debt*	Reason for Write-Off *Use drop down box to indicate reason for writing accounts off*	Other Reason for Write-Off *If other was selected, please indicate reason for write-off*	Due Diligence *Indicate how the Agency has satisfied the Due Diligence Requirement (e.g., number of letters sent, etc.)*
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