

U.S. DEPARTMENT OF EDUCATION PRE-HEARING REPAYMENT AGREEMENT COVER LETTER

Full Name: _____

ED Account Number: _____

Address: _____

City, State Zip: _____

Home Phone: _____

Pre-Hearing Repayment Agreement Cover Letter

This notice, regarding your account with the U.S. Department of Education (The Department), is from Central Research, Inc. The Department has placed your account with us for collection.

You have indicated that you wish to avoid garnishment of 15% of your disposable pay by making a voluntary arrangement with The Department to repay your defaulted student loan(s) or grant obligation(s) described in the notice of garnishment recently sent to you. The balance of your obligation as of the date of this letter is noted above. The principal portion of that balance will continue to accrue interest. The Department will apply part of your payments to defray costs incurred to collect this obligation.

Enclosed is a proposed Repayment Agreement with The Department that The Department has asked us to send to you. The current garnishment process will be stopped, if, within 10 business days of the date of this letter, you take two steps:

1. You sign and return the Repayment Agreement to our office:

**Central Research, Inc.
P.O. Box 1460
Lowell, AR 72745-1460**

2. You send an installment payment amount shown on the enclosed Repayment Agreement, to the following address:

**US DEPARTMENT OF EDUCATION
NATIONAL PAYMENT CENTER
P.O. Box 105028
Atlanta, GA 30348-5028**

If both actions are not taken within this deadline, the process, including the provision of any hearing you may have requested and a decision on your objection(s), may continue.

Our business hours are: Monday – Friday 8:00 AM to 8:00 PM (CST).

Phone number: 844-804-8467

Email: edadmin@central-research.com

Fax: 870-498-8758

Pre-Hearing Repayment Agreement with the U.S. Department of Education

Note: Read this entire agreement before signing. Retain a copy for your records. Return a signed copy to the address shown on the letter that accompanies this Agreement.

I agree with the U.S. Department of Education (ED) that I will repay my obligation to ED in monthly installments of \$_____ My first payment in the amount of \$_____ is due _____. Each monthly payment after that is due by the _____ day of each month.

All payments must be forwarded to:

**U.S. Department of Education
National Payment Center
P.O. Box 105028
Atlanta, GA 30348-5028**

I understand that this installment amount of \$_____ applies for the next 6 months. After 6 months, I agree to provide current financial information if ED requests it. My required installment payment may change based on that information. I agree to pay the installment amount as it may be adjusted by The Department. I agree that failure to provide financial information is a breach of this agreement.

I have been given an opportunity for a hearing to object to garnishment. I now withdraw any request for a hearing that I have filed. I agree that if I do not honor this agreement, The Department can start garnishing my pay at the rate of 15% of my disposable pay or the installment payment amount then in effect, whichever is less, without giving me further notice or any new opportunity for a hearing before that garnishment starts. I understand that if The Department starts garnishing my wages in the future, I can then object to garnishment, and The Department will give me a hearing on my objection(s).

I agree that I owe the amount stated in the decision on my objection(s) to garnishment.

The Department will consider any request for hearing or reconsideration I make in the future, but it will not delay or suspend garnishment while it does so; I can then obtain a hearing on objections on grounds that:

- Garnishment would cause financial hardship to me and my dependents;
- I have not breached this agreement;
- I have not received credit for payments made on the agreement; and
- I am protected by law from garnishment.

I may also apply for discharge relief that may be available with respect to this debt.

Signature: _____ Date: _____

[Sign and return this agreement to the [address indicated below]. Keep a copy for your records.]

**U.S. Department of Education
C/O: Central Research, Inc.
P.O. Box 1460
Lowell, AR 72745-1460**