LIHEAP Expedited Recoupment Enrollment Agreement

By signing this form, I acknowledge that I understand the terms of the agreement. I hereby authorize the Commonwealth of Pennsylvania, Department of Human Services (DHS) to deduct LIHEAP funds owed to the Commonwealth that were received in error or because a customer has died, moved away or changed vendors. I understand that the LIHEAP Vendor Unit will contact me to request repayment, and if I do not respond within one week, the funds will automatically be deducted from my next LIHEAP payment voucher.

By selecting one of the boxes below, I will not be asked to submit repayment via paper check as long as funds can be extracted from a future LIHEAP payment. I may, however, repay an overpayment with a paper check when I become aware of the need to return funds and prefer to do so voluntarily, accompanied by a LIHEAP Refund Form or when it is more practical to do so, such as the annual refund of unexpended LIHEAP dollars for prior seasons’ grants.

Furthermore, I understand that recouped funds do not affect the amount of other LIHEAP grants that are specified on the voucher and recognize that individuals must be credited the full amount of their LIHEAP cash or crisis grant.

By checking one of the boxes below, I hereby indicate my company or organization’s choice to:

☐ participate in Expedited Recoupment for all future overpayments
☐ expedite the refund process to return funds only for this/these specific customers:

<table>
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<tr>
<th>Name of Customer</th>
<th>LIHEAP Voucher # and Individual #</th>
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I acknowledge that the vendor I represent will receive one Expedited Recoupment Letter with the customer’s name, the amount of the refund and the date/voucher number from which the funds will be recouped.

__________________________________________  ____________________________
Print Name of Vendor Representative            Signature

__________________________________________  ____________________________
Position                                      Date

__________________________________________  ____________________________
Name of Vendor and LIHEAP Vendor ID #          Vendor Phone Number

Complete and return this form to the LIHEAP Vendor Unit by FAX 717-231-5516, scan/email to RA-LIHEAPVendors@pa.gov or send by mail to LIHEAP Vendor Unit, P.O. Box 2675, Harrisburg, PA 17105-2675

Direct questions about Expedited Recoupment to the LIHEAP Vendor Helpline at 1-877-537-9517.