



**For the Attention of:-**

Mrs D Watson, Recovery Section, Benefits Service, Time Square, Market Street, Bracknell,  
Berks RG12 1HJ

Name:.....

Address:.....

Invoice reference:.....

- I wish to make an offer to repay my overpaid Housing Benefit at a rate of £.....
- I wish to pay this every **Week / Fortnight / Month / In full** (Please delete as applicable)
- By **Cheque / Standing Order**. (Please delete as applicable)

If you wish to pay in full using a **Debit / Credit card** you can do this online at <http://www.bracknell-forest.gov.uk/> , or please call **01344 351309**

*If you wish to pay using a Debit Card, no charge is incurred. Please note, if payment is by Credit Card, there will be a fee.*

If you wish to pay by **Cash** you can do this by using our handi-tills located at Time Square or Easthampstead House

Signed .....

Dated .....

**Please note that any offer you make will be subject to acceptance. You will be informed of the decision in writing. If your offer is too low you will be advised of the minimum payment required.**