

North Carolina Local Government Debt Setoff Clearinghouse

Hardcopy Debt Submission Form – use one page per debt

Fax to (803) 561-9680 – do not mail

Local Government Name: _____

Agency Code: _____

Date: _____ Number of Pages: _____

Social Security Number: _____ - _____ - _____

First Name: _____ Middle Initial: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Debt Amount: \$_____. ____ Account Number: _____

Debt Compliance Date: ____/____/____

Debt Expiration Date: ____/____/____

Check all that apply:

New Debtor New Debt

Existing Debtor Updated Debt Amount