

ANNEX 4

SAMPLE 121 DAY DELINQUENCY MEMORANDUM (IBA)

MEMORANDUM FOR COMMANDER/DIRECTOR

SUBJECT: Cancellation of Government Travel Charge Card-121 Day Delinquent Payment Notification

The 61 and 91 day delinquent notification memoranda, dated _____ and _____ respectively, notified the immediate supervisor and the department director (or equivalent manager) of the past due account for cardholder _____ (name). It has now been brought to our attention that this cardholder has a delinquent GTCC balance of \$_____ that is over 121 days past billing. To date, no arrangement has been made with the contractor to resolve this debt. Therefore, the account has been canceled. The cardholder has received notice of impending salary offset from the GTCC contractor. If the cardholder is not eligible for salary offset, the GTCC contractor may begin official collection action. Collection action may include credit bureau notification of the employee’s failure to pay and garnishment of the employee’s pay. Additionally, delinquent cardholders are subject to a \$29 non-reimbursable late fee per billing cycle for each and every billing cycle following the point at which the account became 75 days delinquent and additional \$29 late fees for every subsequent billing cycle until the debt is resolved.

(Provide specific information regarding the delinquent account and any other information known about the individual's response to the previous notices of delinquency.)

The cardholder may request reinstatement with the approval of the commander or director. Reinstatement is conditioned on a new favorable credit score, no outstanding balance, and payment of a \$29.00 non reimbursable fee. Cardholders who do not properly liquidate their GTCC debts, or use the card for personal purposes, may be subject to disciplinary action in accordance with applicable statutory, regulatory, or contractual provisions and applicable Multi-Unit Master Agreement for bargaining unit employees.

Please contact _____ (Agency Program Coordinator) at telephone number _____, should further questions arise. Please have the cardholder sign to acknowledge receipt of this notification and return it with your written response, outlining the actions taken, within 5 business days.

Signature
Agency Program Coordinator

cc: Cardholder

I acknowledge receipt of this memorandum.

(Name, Grade, Organization)

(Date)