

DELINQUENT ACCOUNT WRITE-OFF AUTHORIZATION

Statement of Uncollectible Debt

Date of Request

Authorization Reference Number

ACCOUNT INFORMATION

Customer Name		Account Number
Original Invoice Date	Date of Last Payment	Days Past Due

FINANCIAL SUMMARY

Outstanding Balance	Uncollectible Amount to Write Off	Recovery/Collection Costs (if applicable)
---------------------	-----------------------------------	---

REASON FOR WRITE-OFF

- ☐ Customer declared bankruptcy
- ☐ Unable to locate customer (Skip)
- ☐ Statute of limitations expired
- ☐ Deceased / Dissolved Entity
- ☐ Legal action deemed uneconomical
- ☐ Other (Specify details below)

Justification / Collection Effort History Notes

AUTHORIZATIONS

Prepared By

Credit / Collection Specialist

Date:

Reviewed By

Finance Manager / Controller

Date:

Approved By

Chief Financial Officer / Director

Date: