

PAYROLL DEDUCTION REQUEST

Please complete the following form so that we may execute a payroll deduction for your Child Support Obligation. You MUST sign up for the amount you are court ordered to pay; if you erroneously sign up for too little, we will automatically modify this payroll deduction request to meet your obligation amount.

Date: _____ Case Number: _____

ABOUT YOU...

Your Name: _____

SS Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

ABOUT YOUR EMPLOYER...

Full Company Name: _____

Business Address: _____

City: _____ State: _____

Zip Code: _____ Business Phone Number: _____

Payroll Contact Person: (If Known) _____

Payroll Cycle: (e.g. weekly, bi-weekly, monthly) _____

ABOUT YOUR DEDUCTION REQUESTED...

Court Ordered Obligation: _____ per _____

Deduction Amount Requested: _____ per _____

Please indicate the amount to be applied towards arrearages, if any: _____ per _____

Do you wish for this to continue when arrearages are satisfied? Yes _____ No _____

Should you be requesting an amount higher than your court ordered obligation which is NOT being applied to arrearages, please indicate below a brief statement of your intention for submitting this higher amount:

SIGNATURE: _____

I certify that the above information is true and correct

*THIS DEDUCTION WILL TRANSFER TO ANY FUTURE
EMPLOYERS UNLESS THE AGENCY IS OTHERWISE NOTIFIED,*