CHILD SUPPORT PAYROLL DEDUCTION AUTHORIZATION

VOLUNTARY WITHHOLDING REQUEST

EMPLOYER INFORMATION

Employer Name:

FEIN:

Address:

EMPLOYEE INFORMATION

Employee Full Name:

Employee ID/Clock No:

Social Security Number (Last 4):

Phone Number:

WITHHOLDING & ORDER DETAILS

Case / Cause Number:

State / County of Order:

Custodial Parent / Obligee Name:

DEDUCTION FREQUENCY & AMOUNT

I hereby authorize my employer to deduct the following amounts from my gross earnings each pay period to satisfy my child support obligation:

Deduction Amount ($):

Per (e.g., Week, Bi-week, Month):

Effective Date of Deduction:

AUTHORIZATION STATEMENT

I hereby authorize the Employer named above to deduct the specified amount from my wages/salary each pay period and to remit these funds to the state disbursement unit or designated registry in accordance with the governing child support order. This authorization is voluntary and shall remain in effect until the employer receives written notification of termination, a modified official income withholding order (IWO), or upon my termination of employment. I understand that the employer is not responsible for any delays in delivery beyond their control.

Employee Signature:

Date:

EMPLOYER INTERNAL USE ONLY

Received By (HR/Payroll Rep Name):

Date Received:

First Pay Period Applied:

Processed By (Signature):

Please retain a copy of this authorization form in the employee's payroll file. Send a copy to the HR department.