

**VOLUNTARY WAGE ASSIGNMENT**

**EMPLOYEE:**

\_\_\_\_\_ **ACCOUNT:** \_\_\_\_\_

**EMPLOYER:**

**DATE:**

The above employee has authorized you to withhold from his/her wages or salary a specific sum to meet an established obligation of child support. Your participation will reduce the possibility of his/her debt becoming delinquent and employee time away from work due to child support problems being prevented.

Please feel free to call if you have any questions:

**CHILD SUPPORT RECEIVER**  
P. O. BOX 550  
WOODBINE, GA 31569  
(912) 576-5631 FAX (912) 576-5648

The undersigned, an employee of \_\_\_\_\_ located at \_\_\_\_\_, does hereby authorize said employer to withhold from earned salary, wages or commissions, the sum of \$ \_\_\_\_\_ per \_\_\_\_\_ and does authorize said employer to remit said amount to Child Support Receiver, P. O. Box 550, Woodbine, GA 31569.

The undersigned employee hereby releases said employer of any and all liability whatsoever to him/her by reason of the payment of the above amount or any part thereof to the Child Support Receiver's Office of Camden County, Georgia.

Sworn to and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
TYPED OR PRINTED NAME

My commission expires on the \_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
DATE SIGNED

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

Withholding will begin on \_\_\_\_\_ with the first remittance to the Child Support Receiver's Office within two business days after being withheld and shall continue until further Notice.

**(PLEASE INCLUDE ACCOUNT NUMBER AND NAME OF EMPLOYEE ON ALL CHECKS TO AID IN PROPER IDENTIFICATION. CHECKS NOT PROPERLY IDENTIFIED WILL BE RETURNED).**