

WAGE ASSIGNMENT WORKSHEET

Name _____ Case # _____

Address _____

City, State, Zip _____

Telephone # _____ Social Security # _____

Date of Birth: _____

Employer _____

Contact Person _____

Address _____

City, State, Zip _____

Telephone # _____

Total Amount Outstanding _____

Amount to deduct per pay period \$ _____

Pay period frequency: _____