



## Employee Garnishment Deduction Setup Form

Client Code: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

### Company Deduction Setup

*(Charge per deduction setup is \$12.00 for child support)*

Type Of Deduction: \_\_\_\_\_ Amount Per Pay Period: \$ \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Deduction Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Child Support Order State: \_\_\_\_\_ Case Number: \_\_\_\_\_

*(Please attach a copy of the child support order)*

Please Check Off Which Option Applies:

If Employee is **NOT** Supporting a Current Family (Spouse/Other Children) Then:

☐ 60% of Disposable Income

☐ 65% if More Than 12 Weeks in Arrears

If Employee **IS** Supporting a Current Family (Spouse/Other Children) Then:

☐ 50% of Disposable Income

☐ 55% if More Than 12 Weeks in Arrears

If Court Ordered Health Insurance For Child Has Been Issued Check This Box:

### Deduction Check Information

Will Eagle Payroll Service Inc. Produce the Payment Check for This Deduction: ☐ Yes ☐ No

*(There is a charge of \$1.50 per deduction to produce the deduction check each payroll)*

If Yes, Please Fill Out The Following:

Paid To: \_\_\_\_\_

Address: \_\_\_\_\_

Will Eagle Payroll Service Inc. Submit the Payment On Your Behalf: ☐ Yes ☐ No

*(There is a charge of \$6.95 per deduction check to produce and send deduction payment checks on a client's behalf each pay period drawn on clients account)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### Internal Use Only

Setup Date: \_\_\_\_\_ Vendor #: \_\_\_\_\_ Deduction Codes: \_\_\_\_\_ Setup By: \_\_\_\_\_

Sequenced: \_\_\_\_\_ Journal: \_\_\_\_\_ Timesheet: \_\_\_\_\_ Report Number: \_\_\_\_\_