BEST Shared Services **DATE SENT:**

Garnishment Processing

1410 Mail Service Center

Raleigh, NC 27699-1410

FAX: 919-875-3844

RE: Repayment Agreement for (NAME)

(NAME) acknowledges his/her liability to (Vendor Name) in the amount of

$ (amount).

As is his/her right under North Carolina General Statute 143-553c, ( Name) has elected to have no less than 10% of his/ her net disposable earnings withheld until the debt is satisfied. Should ( Name) transfer to a new employing unit with the state, this voluntary withholding of wages shall transfer to the new employing unit until the full balance due is collected.

The employee’s authorization for this installment agreement is provided below.

**Consent for Voluntary Payroll Withholding by Employee**

***(FAX completed form to BEST Shared Services –***

***Garnishments Section at 919-875-3844)***

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | Personnel No: | Pay Cycle: | Vendor Name/Acct No: |
|  |  |  |  |
| Vendor Payment Address: | Total Amount Due: | Payroll Deduction Amount: | Date of Initial Payroll Deduction: |
|  |  | 10% of Net Disposable Income | First payroll after date of signature. |

I, NAME , AGREE to the terms of this repayment agreement.

Signature of Employee Date

I, NAME , DO NOT AGREE to the terms of this repayment agreement.

Signature of Employee Date