

Date: [Date]

To:

[Employer Name/Payroll Department]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Garnishment Remittance Instructions

Employee Name: [Employee Full Name]

Employee ID/SSN: [ID Number or Last 4 of SSN]

Case/Reference Number: [Case Number]

Dear Payroll Manager,

Pursuant to the legal order issued on [Date of Order], please remit all garnished funds withheld from the above-named employee to the following recipient:

Payable To: [Name of Creditor or Agency]

Mailing Address:

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Payment Requirements:

- Please include the Case Number [Case Number] on the check or electronic transfer.
- Remittances should be sent within [Number] days of each pay date.
- Provide a summary of the total amount withheld and the remaining balance with each payment.

If you have any questions regarding these instructions or if the employee is no longer employed by your company, please contact [Contact Name] at [Phone Number] or [Email Address] immediately.

Thank you for your cooperation.

Sincerely,

[Your Name/Agency Name]

[Your Title]

[Phone Number]