



Employee Child Support Deduction Agreement

Client Name: _____

Employee Name: _____

Employee SSN: _____

Case Number: _____

County: _____

Monthly Child Support Amount: _____ Pay Period Amount: _____

Forward to: _____

I, _____, agree that the amount stated above will be withheld from my payroll check from MatrixOneSource per pay period, to include the information provided by myself. I understand the original child support order has been requested and if different from what is stated above will be changed to reflect the order.

Employee Signature: _____ Date: _____