

**Carolina Family Health Centers, Inc.**

**Child Support Garnishment Form**

Employee: \_\_\_\_\_

Company Requesting Garnishment: \_\_\_\_\_

Amount of Garnishment: \_\_\_\_\_

Estimated amount of payrolls to complete: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge there will be an administrative fee of \$2 per garnishment transaction will be deducted from my earnings.

\*\*\*Not to exceed more than \$10 a month.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Associate's Signature

\_\_\_\_\_  
Date