



# Wage Garnishment Transmittal Form

Employer Name	
Submitted By	Date Submitted To ExcelPay
Garnished Employee Name	SSN
Date Received By Employer	Effective Date (if not immediate)

## Garnishment Info

Garnishment Status (mark one) <input type="checkbox"/> New Garnishment <input type="checkbox"/> Amended Garnishment <input type="checkbox"/> Terminated Garnishment	Type of Garnishment (mark one) <input type="checkbox"/> Child Support <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Tax Levy <input type="checkbox"/> Creditor
Does this employee have other active garnishments (circle one)?      Yes      No If yes, please briefly describe:	
Amount to be garnished each PAY PERIOD \$ _____	

## Garnishment Remittance Info

Garnishment Check Payable To
Address
Case No. (if any)

### FOR EXCELPAY USE ONLY

Fax To: 770-508-1425

Payment Type <input type="checkbox"/> Vendor Payment Direct <input type="checkbox"/> Create Escrow Pay To Vendor	Approvals Payroll Spec. Initials _____ Date _____ Manager Initials _____ Date _____
If Payment Type Is Escrow Acctg. Dept. Initials _____ Date _____	