

## EMPLOYER ACKNOWLEDGMENT OF WAGE WITHHOLDING

Borrower Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
*Company Representative* *Employer*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

acknowledge receipt of the **Order of Withholding from Earnings** for the above-named employee.

The amount owed will vary over time due to accrued interest and fees as well as payments received. Do not cease garnishment until notified by Educational Credit Management Corporation (ECMC).

Check all that apply:

- Garnishment will occur. The above-named individual is an employee of this company. Payments of approximately \$\_\_\_\_\_ (15% of disposable pay) will be forwarded to ECMC on a  weekly,  biweekly,  semimonthly or  monthly basis. All payments will be mailed to:

ECMC  
Lockbox 7096  
P.O. Box 16478  
St. Paul, MN 55116-0478

- This person is no longer employed with our organization due to  voluntary separation or  involuntary separation. The date of separation was \_\_\_\_\_.

New employer, if known: \_\_\_\_\_

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

Telephone: (\_\_\_\_\_) \_\_\_\_\_

- We cannot withhold the full amount of 15% of disposable income because the employee has a higher priority garnishment order. If other withholding(s) total less than 25% of disposable income, withhold the remaining amount (not to exceed 15%) to meet 25% maximum threshold (use the AWG Withholding Worksheet included in the Handbook for Employers to calculate).

- Existing withholding(s) are anticipated to expire on \_\_\_\_/\_\_\_\_/\_\_\_\_.

- This employee is on a leave of absence and is expected to return on \_\_\_\_/\_\_\_\_/\_\_\_\_.

- The Social Security number (SSN) and employee name do not match. (Please contact ECMC at 866-363-0236 to address this issue.)

- The address this company has for this employee is different than the one listed on the **Order of Withholding from Earnings**. The address our records reflect is:

Employee's last known address: \_\_\_\_\_

\_\_\_\_\_ *Company Representative's Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Telephone*

\_\_\_\_\_ *Fax*

Return this form within 10 business days to:

Educational Credit Management Corporation (ECMC)  
Attn: Wage Garnishment Administrator  
111 Washington Avenue South, Suite 1400  
Minneapolis, MN 55401  
Fax #: 877-645-7480