



**WAGE WITHHOLDING AUTHORIZATION
AND INSTRUCTIONS**

Effective immediately (name) _____ irrevocably authorizes and directs
(employer) _____ to withhold the amount of
\$ _____ .00 per _____ from his/her earnings and to disburse the amount withheld to the
State of Vermont Restitution Unit.

Payments must be made payable to "State of Vermont Restitution Unit" and sent to:

State of Vermont Restitution Unit
Post Office Box 10
Waterbury, Vermont 05676-0010

Wage withholding shall continue at the same rate unless and until written authorization is received
from the State of Vermont Restitution Unit.

Dated: _____ X _____

RELEASE

By signing above, the signer authorizes and directs the State of Vermont Restitution Unit to
communicate such information about the signer as the Restitution Unit deems reasonably necessary
to assure the necessary withholding is accomplished and the signer indemnifies and holds the State
of Vermont harmless for the release of such information.

Employer: _____

Address: _____

Phone: _____

Kindly fill out the upper portion of this form and send it to the State of Vermont Restitution Unit in
the envelope provided.
