



**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 \_\_\_\_\_

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**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.

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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