

ASSIGNMENT OF FUTURE WAGES

STATE OF WEST VIRGINIA

COUNTY OF _____

I, _____, hereby assign the total amount of \$ _____
Printed Name of Employee

that I owe to _____ from future wages I earn.
Printed Name of Employer

I acknowledge that the amount I owe is for the following reasons(s): _____
_____.

I understand that three-fourths, or 75%, of my net wages are at all times exempt from assignment.
The amount to be deducted each pay period from my net wages is \$ _____.

I also understand that this assignment cannot be effective for more than one year.

Employee's Signature

Taken, sworn to and subscribed before me on this the _____ day of _____, 20____.

Notary Public

My commission expires _____, 20____.

Accepted by _____ on this the _____ day of _____, 20____.
Printed Name of Employer

Employer's Signature

Employer's Title