

**Non-Custodial Parent Authorization for Employer to  
Withhold over the Maximum Allowable Percentage**

RE: \_\_\_\_\_  
IV-D#: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize my employer, \_\_\_\_\_,  
to deduct \$\_\_\_\_\_ per \_\_\_\_\_ for the purpose of fulfilling my child support  
obligation(s) in the following case(s):

Custodial Parent	IV-D #	Docket #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this is more than the maximum allowable percentage as set forth in N.C.G.S., 110-136.5. I also understand that I have the right to change the withholding to an amount based upon the allowable percentages at any time by contacting the Guilford County Child Support Enforcement Agency. I understand that all payments paid through this agreement are pro-rated, or shared, among all of my obligations.

Signed: \_\_\_\_\_  
(Non-Custodial Parent)

Date: \_\_\_\_\_

Sworn to and Subscribed before me  
This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_