



TERMINATION OF NOTICE OF PAYROLL DEDUCTION

TO: Employer name
Address
City, State Zip

RE: Debtor name
DOC number
Cause number

SSN - -

The Department of Corrections issues this Termination of Notice of Payroll Deduction under RCW 9.94A.7605.

You have been withholding earnings from the above debtor for payment of court-ordered legal financial obligations. Upon receipt of this Termination of Notice of Payroll Deduction, you are to immediately cease all payroll deductions under the above cause number.

Name	Date
Community Corrections Officer	
Location/facility	
Address	
City, WA Zip	
Telephone () -	

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14

Distribution: **ORIGINAL** - Employer **COPY** - Individual, Field file

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