



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

P.O. Box 9307 - Rapid City, SD 57709  
Phone: 605-343-1311 - Fax: 605-342-7195

# Wage Assignment

**This agreement is not valid unless it is signed by an Express Collections, Inc. representative.**

**Employee** - The undersigned employee hereby authorizes and requests his or her employer to deduct from his or her wages the amount agreed according to the terms listed below.

**Employer** - The undersigned employer agrees to make a payroll deduction from the employees wages according to the terms of this agreement until notified by the agency to discontinue the deduction or until employment is terminated. This agreement will begin with the first available pay period after receipt of this agreement.

**Agency** - The Agency agrees to accept this wage assignment.

## Terms of the Agreement

ECI File #: \_\_\_\_\_ 

Amount to be deducted: \_\_\_\_\_

Terms: \_\_\_\_\_ (Monthly, weekly, bi-weekly, semi-monthly, per pay period)

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Authorized by: \_\_\_\_\_

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

Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_ 

Authorized by: \_\_\_\_\_

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

All checks should be made payable to: **Express Collections, Inc.**

And forwarded to: **Express Collections, Inc.**  
**P.O. Box 9307**  
**Rapid City, SD 57709**

If you have any questions regarding this agreement, please contact our office at: **605-343-1311**

This is an attempt to collect a debt, any information will be used for that purpose. This communication is from a debt collection agency.