



ID#: _____

Name (please print): _____

Social Security Number: _____ Date of Birth: _____

ACCOUNT INFORMATION

Propane (6060/300)

DEDUCTION DETAILS

Type: Voluntary Involuntary Garnishment

Check One: Start: _____ Change: _____ Stop: _____

PAYMENT INFORMATION

Payment Amount: \$ _____ Once a Month Twice a Month

Total Amount Due: \$ _____ Every Payday One Time Only

Reason for Payment: _____

I hereby authorize Fond du Lac to deduct the amount listed above from my payroll payment(s).

Signature

Date