

Date

TO: Person  
Agency Payroll Officer

FROM: Person  
Human Resources Manager

SUBJECT: Repayment of Debt Owed to the State of North Carolina, G.S. 143.553  
And Chapter 105A

This letter is to request payroll deduction be made for an overpayment of salary on the following employee for salaries paid in error on the (insert date) payroll:

Employee Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Creditor Agency (owed): \_\_\_\_\_  
Agency Company No: \_\_\_\_\_  
Agency Acct. and Center: \_\_\_\_\_  
Check Payable To: \_\_\_\_\_

The total gross amount of the overpayment is (insert amount). Effective with the (insert payroll date) payroll, please deduct (insert deduction amount) each month until the indebtedness is paid in full. In addition, the Department of Health and Human Services will submit this account to the NC Department of Revenue for debt set off until indebtedness is satisfied.

If you have any questions concerning this matter or if I may be of further assistance, please contact me at (insert phone number).

EMPLOYEE AUTHORIZATION

During my employment, I agree for the above monthly deduction to be taken from my paycheck until the indebtedness is paid in full.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date