Company name
Address
Address
City, State Zip Code
Telephone Number
Contact Name

Name	SSN	County ID	Court Order No	Withholding Date	Dollar Amount
Total					$ -

1) Enter the company information.
2) Enter the data on the detail lines for each employee for which withholding is included.
3) Enclose a check equal to the amount shown in the computed check amount field.
5) Mail the check and the listing to:
Alabama Child Support Payment Center
PO Box 244015