

**UNITED STATES GOVERNMENT**  
**NOTICE OF TERMINATION OF WAGE GARNISHMENT ORDER (SF-329E)**

1a. Date of Notice of Termination:	2. Date Notice of Termination Mailed to Employer:	3. Creditor Agency Tracking No. (refer to this number in all correspondence):
1b. Date of Order/Amended Order:		

**RE:**

4a. Employee Name:	5. Employee Social Security No.:
4b. Employee Alias Name:	

**TO:**

6. Employer:	7. Employer Mailing Address (Include Street Address, P.O. Box, Suite No., City, State, Zip Code):
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**FROM:**

8. Creditor Agency:	9. Creditor Agency Mailing Address for Correspondence (Include Street Address, P.O. Box, Suite No., City, State, Zip Code):
10. Contact Name:	11. Telephone No.:
12. Internet e-mail address:	13. Fax No.:

**The Wage Garnishment Order for the above-named employee is terminated.  
 You should discontinue deductions immediately upon receipt of this notice.  
 This Notice of Termination applies only to the Wage Garnishment Order issued by  
 the Creditor Agency with the assigned Creditor Agency Tracking No. referenced above.**

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 CREDITOR AGENCY SIGNATURE

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_