

[Date]

[Employee Name]

[Employee ID]

[Address]

[City, State, Zip Code]

**Subject: Confirmation of Modified Voluntary Wage Deduction Payment Plan**

Dear [Employee Name],

This letter serves as formal confirmation that we have received and approved your request to modify your existing voluntary wage deduction agreement dated [Original Agreement Date].

The modified terms of your payment plan are as follows:

- **Reason for Deduction:** [Description, e.g., Loan Repayment, Overpayment Recovery]
- **Total Outstanding Balance:** \$[Amount]
- **Modified Deduction Amount:** \$[Amount] per pay period
- **Effective Date:** [Start Date of New Deduction]
- **Frequency:** [e.g., Weekly, Bi-weekly, Monthly]
- **Estimated Completion Date:** [Date]

By signing this confirmation, you acknowledge that you are voluntarily authorizing [Company Name] to deduct the modified amount stated above from your wages until the total balance is paid in full or until a new agreement is reached.

Please note that all other terms and conditions regarding your employment and financial obligations to the company remain unchanged. If you have any questions regarding this adjustment, please contact the Payroll Department at [Phone Number/Email].

Please sign and return a copy of this letter to acknowledge your agreement to these modified terms.

Sincerely,

[Name of Authorized Representative]

[Title]

[Company Name]

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**Employee Acknowledgment:**

I, [Employee Name], agree to the modified wage deduction plan as outlined above.

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