



North Carolina Department of Commerce
Division of Employment Security
Post Office Box 26504
Raleigh, North Carolina 27611-6504

Time Payment Agreement Payment Voucher

If you have a Time Payment Agreement and wish to mail in your payment, this form must accompany your check or money order. Sign your name and mail to the address shown.

Transaction Code 13

Employer Name:

Account Number:

Time Payment Agreement Number:

Payment Amount: \$

Prepared by: _____ Date: _____

ADASUPP2