



DEDUCTION AUTHORIZATION

DATE _____
COMPANY NAME _____
EMPLOYEE NAME _____ TITLE _____

I authorize the Company to withhold the amount of:

- maximum allowed by law
- or
- \$ _____ per pay period

for payment of an obligation in the total amount of \$_____. This withholding should begin immediately and continue until the obligation is paid in full. I agree that in the event of the termination of my employment for any reason, the entire amount due and owing becomes immediately due and payable and will be deducted from my paychecks. I understand that to revoke this authorization I must submit the revocation in writing to the Payroll Department. The revocation will become effective if approved by Client Company. Revocation does not absolve me of the debt amount still owed.

TYPE OF OBLIGATION

- Employee Loan
- Advance
- Employee Purchase
Purchase Type: _____
- Deduction for uniform (for non-exempt employees only)
- Other _____

By my signature below I understand and agree with the terms written above and that I have signed this form voluntarily.

EMPLOYEE SIGNATURE _____ **DATE** _____

DEDUCTION START DATE _____ **DEDUCTION END DATE** _____

RECEIVED BY _____ DATE _____
POSTED BY _____ DATE _____
REVIEWED BY _____ DATE _____

Special Instructions

