



### DEDUCTION AUTHORIZATION FORM

**Type of Deduction:**

Loan     Employee Purchases     Benefit Premium(s) Repayment     Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Employee: \_\_\_\_\_

Client Num: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The Employee hereby acknowledges a debt to the Employer in the amount of \_\_\_\_\_ (\$\_\_\_\_\_)

The Employee hereby authorizes the Employer to deduct the amount of \_\_\_\_\_ (\$\_\_\_\_\_)

per payroll period from the Employee's wages beginning \_\_\_\_\_ and each payroll thereafter until the amount is paid in full.

The Employee further agrees that the entire outstanding amount will be deducted from the Employee's final wages upon resignation or termination of employment with the Employer.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of 20\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Employer/Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Manager Print Name