

*COMPANY LETTERHEAD*

AUTHORIZATION FOR DEDUCTIONS

The undersigned authorize deductions, as noted, to be made from their wages. It is understood that these deductions are:

- A) in the interest of the employee,
- B) not a condition of employment,
- C) no direct or indirect financial benefit accruing to the employer,
- D) not otherwise forbidden by law.

EMPLOYEES NAME:                      DATE/ DURATION:                      AMOUNT:                      PURPOSE:

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\_\_\_\_\_  
(Employee's Name)

\_\_\_\_\_  
(Date/ Duration)

\_\_\_\_\_  
(Deduction Amount)

\_\_\_\_\_  
(Purpose)

\_\_\_\_\_  
(Date/ Duration)

\_\_\_\_\_  
(Deduction Amount)

\_\_\_\_\_  
(Purpose)

\_\_\_\_\_  
(Date/ Duration)

\_\_\_\_\_  
(Deduction Amount)

\_\_\_\_\_  
(Purpose)

\_\_\_\_\_  
(Date/ Duration)

\_\_\_\_\_  
(Deduction Amount)

\_\_\_\_\_  
(Purpose)

Signature of Authorized:

Representative of Employer: \_\_\_\_\_

Print Authorized Representative's Name and Title: \_\_\_\_\_

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

Employee's Signature: \_\_\_\_\_

Print Employee's Name and Title: \_\_\_\_\_

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

