

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:

(Employees Name)

(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: _____

