

COMPANY NAME

Payroll Deduction Authorization

I, _____, *[Insert Employee Name]* hereby authorize *[Insert Company Name]* to withhold from my wages the total amount of \$_____ *[Specify Amount]* which shall be withheld at a rate of \$_____ *[Specify Amount]* per pay period for _____ *[Specify Number]* numbers of pay periods for the purpose of *[Explain Reason for Withholding]*.

I further agree that any amount owed not fully recovered by the time of my separation from the Company, either voluntarily or involuntarily, will be paid to the Company within seven days of the date of separation. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

Employee Name (Printed)

Employee Signature

Date