

Johnson

Employer Support Services

Authorization for Payroll Deduction

Company: _____

Employee Name: _____

Social Security #: _____

In further consideration of the agreement between my worksite employer and me, I authorize the company to withdraw funds from my wages as listed below. In the case of a payroll advance and in the event of the termination of my employment the entire amount owed becomes payable and will be deducted from my final paycheck.

Deduct the following amount(s) as indicated.

Deduction Description	Amount Per Pay Period	Total Amount Owed
<input type="checkbox"/> Advance	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Please Check One One Time Only Until Canceled Balance Due

Start deduction with first payroll after ____/____/____

A separate authorization form is required for each deduction.

Employee's Signature

Date

Supervisor's Signature

Date