

Deducting Paycheck Authorization Form

Employee Name: _____

EID Number: _____

Address: _____

City, State, Zip: _____

I, the undersigned, hereby authorize _____ to deduct the following amounts from my salary before depositing my paycheck into my account:

Total Due: _____

Amt. Deducted per Cycle: _____

Deduction Type: _____

I understand that, should I be terminated from this position, regardless of the reason, the full amount due will be deducted from my last paycheck, up to and including the full paycheck, and that I will be liable for any remainder. I further understand that all deductions will take place **after** mandatory state and federal taxes are applied.

Signature _____ Date _____

Witness _____ Date _____