



AUTHORIZATION FOR MISCELLANEOUS PAYROLL DEDUCTION

To: Payroll Department

From: _____

Dept.: _____

Date: _____

You are hereby authorized to deduct a total of \$_____ from my payroll check(s) For:

This is to be deducted in the following manner:

Installments of \$_____ per pay period

One time deduction for full amount owed

Other (please specify):

I understand that the remaining balance due will be deducted from my final payroll check(s) upon termination or layoff if I have not met this obligation in full.

Signed : _____

Client Representative: _____