

AUTHORIZATION FOR PAY DEDUCTION

I, _____, authorize _____
(my employer), to deduct from my wages the following amounts until further notice.

Child support \$_____ Per week
Alimony \$_____ Per week
Insurance \$_____ Per week
Uniform \$_____ Per week
Retirement \$_____ Per week
Union dues \$_____ Per week
Other \$_____ Per week for _____
Other \$_____ Per week for _____

I authorize the following special deductions from my pay.

\$_____ On a one time basis to repay a loan/pay advance or
\$_____ On a weekly basis for _____ Weeks
beginning _____ (Payroll date)
to cover _____ (Purpose of deduction)

Employee signature

Date