

### 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)

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Employee signature

Date