

AUTHORIZATION FOR PAYROLL DEDUCTIONS

COMPLETED BY THE EMPLOYEE		
HR Administrator: ProService		
Company:		
Employee Name:	Employee Social Security Number:	
<p>I, _____, hereby authorize ProService to withhold the amount(s) specified below from (Your name)</p> <p>my wages each pay period for the purpose described below. I further agree that, in the event my employment should terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth below, the company may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.</p>		
Total amount to be withheld: \$	Amount per pay period: \$	Number of pay periods:
Reason for withholding:		
<input type="checkbox"/> Recurring deduction	Amount per pay period: \$	Number of pay periods:
Reason for withholding:		
<input type="checkbox"/> Recurring deduction	Amount per pay period: \$	Number of pay periods:
Reason for withholding:		
<input type="checkbox"/> Recurring deduction	Amount per pay period: \$	Number of pay periods:
Reason for withholding:		
<input type="checkbox"/> Recurring deduction	Amount per pay period: \$	Number of pay periods:
Reason for withholding:		
<input type="checkbox"/> Recurring deduction	Amount per pay period: \$	Number of pay periods:
Reason for withholding:		
Employee Signature:		Date: