



## PAYROLL WITHHOLDING AUTHORIZATION

Date: \_\_\_\_\_

- Initial Deduction                      First Deduction Date: \_\_\_\_\_
- Change                                      Effective Date: \_\_\_\_\_
- Cancellation                              Deduction Stop Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (Last): \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

<b>PAYMENT SCHEDULE CALCULATED BY EMPLOYER (CLIENT)</b>
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Total Amount Due:                      \$ \_\_\_\_\_

Number of Pay Periods per Year:                      \_\_\_\_\_ (Weekly = 52, Bi-weekly = 26, Semi-monthly = 24)

Total Deduction per Pay Period:                      \$ \_\_\_\_\_ (Total Amount Due / Number of Pay Periods per Year)

Reason for Deduction: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize my employer to deduct from my paycheck payroll withholdings for any and all reasons permitted by law, including tax and benefit withholdings, and to secure monies owed to the employer, including for recoupment and setoff, as shown above for the reasons stated above on the date(s) indicated. In the event of termination of my employment for any reason, any balance due the employer will be deducted from my final paycheck.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_