



# Payroll Deduction Authorization Form

## General Information

Date:

Client Name:

Client Number:

Employee Name:

Employee Number:

I, \_\_\_\_\_, hereby authorize Alliance Employer Services to make deductions from my paycheck as stated below. By signing below, I agree that the deductions expressly authorized under this Authorization (a) do not amount to a rebate or deduction from the standard wages paid to me, (b) will not cause me to earn less than the minimum wage required under state law, and (c) are for my benefit. I am entering into this Authorization voluntarily. In the event of termination of my employment, I understand that the entire amount immediately becomes due and payable, and understand that the full amount of the remaining balance will be deducted from my final paycheck. I further agree and understand that if the full amount of the remaining balance cannot be deducted from my final check, or if my final check is not sufficient to cover that amount, I am personally responsible for any remaining balance and agree to pay Alliance Employer Services, by money order or cashiers check, the full amount of any such remaining balance within 30 days of their demand for payment.

## Deduction Information

Total Repayment Amount: \$

Reason for Loan or Deduction (provide specifics):

Amount to be Deducted per Pay Period: \$

Date Deductions Start:

Date of Final Deduction (if necessary):

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

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

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

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

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