

**Deduction Authorization Form**

915 Mistletoe Lane, Redding, CA 96002 Phone (530) 223-4674 Fax (530) 223-6342

Employee Name:			
Company Name:			
Type of Deduction:		Deduction Start Date:	
Maximum Deduction (If Applicable):			
Deduction Amount: \$	Per (Circle One)	Month	Pay Period
Special Instruction(s):			

I agree to have the amount indicated above deducted from each of my paychecks through Teamwork HR until the amount is paid in full. Should my employment terminate before the amount is recaptured I authorize Teamwork HR to deduct the total owed at that time. Should my deduction be greater than my paycheck, I agree to pay the entire balance of my deduction in full within 30 days of my termination.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____