## **AUTHORIZATION FOR DEDUCTIONS**

these deductions: (a) are in the interest of the employee: (b) is not a condition of employment: (c) there is no direct or indirect financial benefit accruing to the employer and: (d) it is not otherwise forbidden by The undersigned authorized deductions, as noted, to be made from their wages. It is understood that

Authorized Representative's Name and Title	Signature of Authorized Representative of Employer	Name S
sentative's Na	orized Represe	Signature
me and Title	entative of Em	Date
	nployer	Deduction
Date	Date	Amount
1		Frequency*
		Effective Dates**

<sup>\*</sup> Indicate if this is a weekly, bi-weekly, bi-monthly, monthly or one time only deduction.

\*\*Starting and ending dates (may designate the ending date as "until end of project") or payroll number(s).