



# Payroll Deduction Authorization Form

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

**Client Name:** \_\_\_\_\_ **Client Number:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Star HR to make deductions from my paycheck as stated below. In the event of termination of my employment, I understand that the entire amount immediately becomes due and payable and will be deducted from my final paycheck.

**Total Repayment Amount:** \$ \_\_\_\_\_

**Reason for Loan or Deduction:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_