



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: _____