



Payroll Wage Withholding Authorization

I, _____, hereby authorize (company name) to withhold from my wages the total amount of \$_____ which shall be withheld at a rate of \$_____ per pay period for _____ [specify number] of pay periods for the purpose of [explain reason for withholding]. I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, the company may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

Date: _____

Name (Printed): _____

Signature: _____