

Employee Name \_\_\_\_\_  
 Effective Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Job Title \_\_\_\_\_ Client Company \_\_\_\_\_

Payroll Frequency (Circle appropriate pay period)      Weekly      Bi-Weekly      Semi-Monthly      Monthly

<u>Description of Deduction</u>	<u>Deduction Amount Per PaY Period</u>
1. Uniforms	\$ _____
2. Tools	\$ _____
3. Merchandise	\$ _____
4. Loan	\$ _____
5. Pay Advance	\$ _____
6. Automobile	\$ _____
7. Credit Union	\$ _____
8. Insurance (Not SPA)	\$ _____
9. 401 (k) (Not SPA)	_____ % of gross pay
10. Miscellaneous	
_____	\$ _____
_____	\$ _____
_____	\$ _____

I HEREBY AUTHORIZE SPA, INC., TO MAKE THE ABOVE DESCRIBED DEDUCTION(S) FROM MY WAGES EACH PAY PERIOD. The above deduction(s) from my wages or other compensation shall commence on the next payday following the effective date of this authorization and continue each payday thereafter until the entire amount of the underlying obligation for which the deduction is being made shall have been paid in full, or the benefit or service for which the deduction is being made is terminated. I understand that any change to the deductions authorized above must be made in writing and delivered to the Payroll Contact who will in turn deliver to SPA's Client Services Payroll Specialist at least three days prior to the effective date of the change. I further agree that, if my employment is terminated the entire remaining balance of the amount due according to the terms of the agreements for which the above described deduction(s) (not including items 7, 8, or 9) are authorized may be deducted from my final wages limited to my receiving minimum wage and if my final wages are insufficient to pay the entire balance, any remaining amount shall be due and payable in full to client company within thirty days thereafter. However, any outstanding balance of a loan pay advance can take my final wages below minimum wage.

I HAVE READ THIS PAYROLL DEDUCTION AUTHORIZATION COMPLETELY AND UNDERSTAND IT FULLY.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

• Witness Signature \_\_\_\_\_