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**Payroll Wage Withholding Authorization**

I hereby authorize **[company name]** to deduct from my wages the total amount of $[amount], to be withheld at a rate of **$[amount]** per pay period over **[number]** pay periods, for the purpose of **[explain the reason for withholding]**.

Additionally, I understand and agree that if my employment with the company ends, whether voluntarily or involuntarily, before the full repayment of the total amount specified above, the company may deduct any remaining balance from my final paycheck, except as prohibited by applicable federal or state laws.

I confirm that this authorization is provided voluntarily and is not a condition of my continued employment.

Employee name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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