

# AUTHORIZATION FOR PAYROLL DEDUCTIONS

## TO BE COMPLETED BY THE EMPLOYEE

Administrative Employer: Professional Business Services, Inc.

Company (Client): \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Professional Business Services, Inc. to withhold the amount(s) specified below from my wages each pay period for the purpose described below. I further agree that, in the event my employment should terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth below, 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. (NOTE: This are in addition to taxes which are automatically withheld. To have additional taxes withheld, please complete Form W-4 and/or Form HW-4.)

RETURN THIS COMPLETED FORM TO OUR OFFICE VIA SECURE PORTAL OR FAX (808/572-1788) AND NOT BY EMAIL AS EMAIL IS NOT SECURE.

### **Deduction #1**

Total amount to be withheld: \$ \_\_\_\_\_ Amount per pay period: \$ \_\_\_\_\_

Number of pay periods: \_\_\_\_\_

Reason for withholding: \_\_\_\_\_

### **Deduction #2**

Total amount to be withheld: \$ \_\_\_\_\_ Amount per pay period: \$ \_\_\_\_\_

Number of pay periods: \_\_\_\_\_

Reason for withholding: \_\_\_\_\_

### **Deduction #3**

Total amount to be withheld: \$ \_\_\_\_\_ Amount per pay period: \$ \_\_\_\_\_

Number of pay periods: \_\_\_\_\_

Reason for withholding: \_\_\_\_\_

### **Deduction #4**

Total amount to be withheld: \$ \_\_\_\_\_ Amount per pay period: \$ \_\_\_\_\_

Number of pay periods: \_\_\_\_\_

Reason for withholding: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_