



Payroll Deduction Authorization

Client (worksite employer) name: _____

Employee Name: _____

Date: _____

I hereby authorize Acro HR Solutions to deduct \$ _____ from each paycheck
Effective _____ through _____.

The total sum of all deductions shall equal \$ _____.

This deduction is for _____.

I understand that if my employment with Acro HR Solutions terminates for any reason prior to my repayment, I hereby authorize Acro HR Solutions to withhold the remaining balance from my final paycheck. In the event that my final paycheck does not cover the entire unpaid balance, I agree to issue a separate check for the remaining amount, as appropriate.

Agreed To and Accepted:

Employee Signature

Date

Manager Signature

Date