

Authorization Agreement
for Payroll Deduction

Client Name: _____ Date: _____

Employee Name: _____ Social Security#: _____ - -

<u>Type of Deduction</u>	<u>Amount per Pay Period</u>	<u>Start Date</u>	<u>Total Amount Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize my employer, Momentum Resources, Inc., to deduct the above amount(s) from my paycheck. If my employment is terminated prior to all funds being collected, I authorize my employer to deduct any unpaid balance from my final paycheck.

Signature of Employee Date: _____

Client's Signature Date: _____