

# Withholding Authorization

☐ New ☐ Change ☐ Stop deduction

Employee name:

Date

Worksite employer:

Company code:

Paygroup

TS file# or last 4 digits of SSN:

Deduction start date:

Deduction end date:

I HEREBY AUTHORIZE ADP TOTALSOURCE TO MAKE THE FOLLOWING DESCRIBED DEDUCTION(S) FROM MY WAGES FOR EACH PAY PERIOD. This withholding should begin immediately and continue until the obligation is paid in full. I agree that in the event of the termination of my employment for any reason, the entire amount due and owing becomes immediately due and payable and will be deducted from my final paycheck(s). I understand that to revoke this authorization I must submit the revocation in writing to my immediate supervisor and that it will become effective after receipt and processing by ADP TotalSource. Nothing in this Authorization shall be construed to limit the at-will employment relationship between myself and ADP TotalSource.

Description/type of obligation	Amount per paycheck	Total amount of deduction	Effective date of deduction	End date of deduction

Employee signature:

Date

**FOR ADP TOTALSOURCE USE ONLY**

Received by:

Date

Posted by:

Date

Reviewed by:

Date