

PAYROLL DEDUCTION AUTHORIZATION FORM

I, _____, voluntarily authorize _____ via
(employee name)

ATLAS RESOURCES to make payroll deductions from my net wages every pay period for the item(s) listed below. These deductions will be remitted to my work site employer, _____, unless otherwise indicated.

I understand that these deductions will not reduce my gross wages below the current minimum wage for the total hours worked during the given pay period, unless allowed by law.

If any amount remains due and owing upon my termination of employment, I authorize the full remaining balance to be deducted from my final paycheck(s) subject to State and Federal laws.

<u>Deduction Item(s)</u>	<u>Amount Per Paycheck</u>	<u>Beginning and End Dates (if applicable)</u>
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\$ _____

Total Balance/Amount Due (if applicable): \$ _____

Printed Name

Signature

Date

TERMINATION OF AUTHORIZATION FOR DEDUCTION

I, _____, hereby terminate this authorization of deduction effective _____.

Printed Name

Signature

Date