

## **PAYROLL DEDUCTION AUTHORIZATION FORM**

Consistent with applicable law, I, \_\_\_\_\_, authorize East Box LLC ("Employer") to deduct from my compensation (including without limitation: paychecks, bonuses, expense reimbursement payments, commissions, wages, salary, profit share, and any other monies to be paid to me by or on behalf of Employer) the cost and/or value of:

1. My share of the premiums for any group health/dental/vision plan, if and where applicable;
2. Installment payments on loans, or per diem or wage advances, given to me by Employer, and if there is a balance remaining when I leave Employer, the balance of such loans or advances;
3. Repayment to Employer of any wage overpayment (the deduction for such a repayment will equal the entire amount of the overpayment, unless Employer and I agree in writing to a series of smaller deductions in specified amounts);
4. Any unauthorized or excessive expenses, including expenses inadvertently paid to me, or on my behalf, by or on behalf of Employer;
5. Any other debt or other amount I owe Employer, including any personal charges (*i.e.*, unauthorized, non-business related charges or expenses for which no supporting receipt has been submitted) charged by me on Employer's corporate credit card(s) for which I have not reimbursed Employer;
6. The cost to Employer of personal long-distance calls I may make on Employer's phones or on Employer's accounts, of personal faxes sent by me using Employer's equipment or accounts;
7. The cost of repairing or replacing any Employer supplies, materials, equipment, money, manuals, handbooks, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from Employer during or after my employment;
8. Any required uniforms;
9. Reimbursement for any cash shortages attributed to me;
10. Any paid leave I take, if applicable, in advance of the date I would normally be entitled to or accrue it, if I separate from Employer before accruing time to cover such advance leave.
11. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws; and
12. Any other amount Employer has reasonable cause to believe I owe for any reason, including, without limitation, any amounts attributable to me for theft.

I will ask the Office Manager any questions I may have regarding any amount withheld from my earnings, and agree and understand that any amount still due to Employer from me at the time my employment terminates will be withheld from my final paycheck in accordance with the Fair Labor Standards Act. If, following all lawful deductions from my final paycheck, there still remains a balance due by me to Employer, I agree to pay the balance within 30 days of my separation date.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date