



## Voluntary Payroll Deduction Authorization Form

Date \_\_\_\_\_

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

Employee Social Security Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

**AUTHORIZATION TO WITHHOLD.** The Associate hereby authorizes Fleming Subway to withhold any sums due to Fleming Subway pursuant to this Agreement from his/her final paycheck. This authorization will not preclude Fleming Subway from pursuing legal action to collect any amounts due. I understand and agree that any amount due at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck or any other amounts owed to me.

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