

PAYROLL DEDUCTION AUTHORIZATION

SIGNATURE: DATE:	
been deducted from a paycheck.	
I agree to reimburse Company promptly upon request for any amount owed that has not	
from which I do not return.	
Company's discretion, for group health benefits paid by the firm during a medical leave	
lunches, cab fares, and travel expenses; and, at the	
for personal charges such as personal photocopies, long-distance telephone calls, postage or delivery charges	narges,
any amounts I owe for pay received for absences beyond earned vacation and sick leave; for salary overs	oayments;
1,, nereby allow Oki Golf, at its discretion, to deduct from my p	aycnecks