

JOHNSON MOTOR SALES

New Richmond ∞ Menomonie ∞ St. Croix Falls

Accounts Receivable Deduction Authorization Form

Authorization Agreement

I hereby authorize **Johnson Motors** to make the indicated deductions from my regular paycheck on an ongoing basis.

In the event of the termination of my employment, **Johnson Motors** is authorized to withhold from my final paycheck the total of any remaining amounts owed for any documented expenses.

Parts/Ser	vice Deductio	n Amounts	
Vehicle Repair Charges	\$	RO Number:	
Parts Purchases	\$		
Clothing	\$		
Other	\$		
TOTAL AMOUNT OWED	\$		
Please deduct	\$	Per paycheck	
Notes:			
	Signature		
Employee (Print Name)	Employ	ree Signature	Date
Employee A/R number		Employee ID	
Management Approval Signature		 Date	