WAGE DEDUCTION AGREEMENT

I acknowledge and agree that I owe my employer, (“Company Name”) (“Company Name”), $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because of an overpayment of my wages on the payroll dated \_\_\_\_\_\_\_\_\_\_\_\_. I hereby expressly authorize (“Company Name”) to deduct this $\_\_\_\_\_\_\_\_\_\_\_\_\_ from my final paycheck through a pre-tax payroll deduction.

My signature below represents my “express written consent” and voluntary agreement to all of the terms stated above in accordance with Section 9 of the Illinois Wage Payment and Collection Act.

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

HR Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_