

PAYROLL DEDUCTION AUTHORIZATION FORM



I, _____,
authorize Altman Specialty Plants, Inc. to deduct the sum of \$_____ from
each of my paychecks until the entire amount of \$_____ is deducted in
full. Should my employment terminate for any reason, the balance owed will be
deducted from my final paycheck. If my paycheck is less than the remaining balance, I
will pay the difference before receiving my final paycheck.

Employee Signature_____ Date_____

President's Signature_____ Date_____

AUTORIZAR DESCUENTO DE CHEQUE

Yo, _____, autorizo Altman Specialty
Plants, Inc. que descuenten \$_____ de cada cheque hasta la cantidad de
\$_____ se paga entero. Si mi empleo termina por cualquier razon, la
balanza que debo sera descuento de mi ultimo cheque. Si mi ultimo cheque es menos de
la balanza, yo pago la diferencia antes de recibir mi ultimo cheque.

Firma de Empleado_____ Fecha_____

Firma de Presidente_____ Fecha_____