

# Company Name/Logo Here

## SAMPLE FORM

### AUTHORIZATION FOR ACCIDENTAL OVERPAYMENT DEDUCTION RSA 275:48 I

I, \_\_\_\_\_ hereby authorize  
(Print employee's name)

\_\_\_\_\_ to deduct from my wages  
(Employer)

the sum of \$, \_\_\_\_\_ beginning \_\_\_\_\_ and ending \_\_\_\_\_  
(Amount) (Date) (Date)

I am authorizing this voluntary deduction as specified in RSA 275:48 I.

For deductions made for accidental overpayments employers are not allowed to deduct more than 20 percent of the employee's gross pay in any pay period. See RSA 275:48 I (d), (4), (C) (ii).

In the event my employment ends for any reason before the final deduction is made, the entire balance may  or  may not be deducted from my final wages.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date Signed)