

EMPLOYEE PAYROLL DEDUCTION FORM

Company Name:		Date:	
Employee Name:			
Social Security Number:			
Deduction Amount:	\$	Per Pay Period:	\$
Reason:			
I agree to allow Acline HR to deduct the above amount from my paycheck. I understand that should my employment be terminated, any outstanding amount owed will be deducted from my last check.			
Employee Signature Payroll Deduction Receipt			Date:
Supervisor's Signature			Date:

Please return this form to: ACLINE HR, 25074 Olympia Avenue, Suite 100, Punta Gorda, FL 33950

ACLINE HR

Office: 941 347 8625 | Fax: 941 347 8612 | info@aclinehr.com | www.aclinehr.com