



Phone: (361) 883-7300
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www.focus1staffing.com

AUTHORIZATION FOR PAYROLL DEDUCTION

Client Name: _____

Date: _____

Employee Name: _____

SSN#: _____

Use one form per deduction type.

I hereby authorize **Focus1 HR Group** to deduct the amount and type of deduction indicated below from my paycheck:

- | | |
|--|--|
| <input type="checkbox"/> Tools _____ | <input type="checkbox"/> Employee Medical Insurance _____ |
| <input type="checkbox"/> Uniforms _____ | <input type="checkbox"/> Family Medical Insurance _____ |
| <input type="checkbox"/> Purchases _____ | <input type="checkbox"/> Voluntary Life Insurance _____ |
| <input type="checkbox"/> Gas _____ | <input type="checkbox"/> AFLAC Premiums _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Check Copy Fee (\$3) _____ |
| <input type="checkbox"/> Miscellaneous _____ | <input type="checkbox"/> Check Stop-Payment Fee _____ |
| <input type="checkbox"/> Payroll Advance (One Time Deduction) _____ | <input type="checkbox"/> Employee Loan (Multiple pay periods) _____ |

Effective / Start Date _____

CHOOSE ONE:

- | |
|--|
| <input type="checkbox"/> One Time Deduction Only _____ |
| <input type="checkbox"/> Recurring Until (date) _____ |
| <input type="checkbox"/> Recurring to Maximum Amount (dollars / total due) _____ |

I understand that this deduction will continue until a written cancellation using this form is submitted to **Focus1 HR Group** or until the specified amount is paid in full. In the event of termination of employment for any reason, any remaining balance owed will be deducted in whole or in part from final paycheck. If the balanced owed exceeds the funds available, I will still owe the remaining balance after m

Employee Signature _____ Date _____

PLEASE RETURN TO FOCUS1 HR GROUP BY FAX OR MAIL

CANCELLATION:

I hereby authorize **Focus1 HR Group** to cancel the deduction from my paycheck for the following. I also grant **Focus1 HR Group** the right to correct any electronic funds transfer resulting from an erroneous overpayment to me by debiting my account to the extent of such overpayment.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

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