

## Payroll Deduction Authorization Form

Niau A. Nausa	Oli and Namels and
illent Name:	Client Number:
imployee Name:	Employee Number:
, here	eby authorize Vensure Employer Services to make deductions
om my paycheck as stated below. In the event o	of termination of my employment, I understand that the
ntire amount immediately becomes due and pay	able and will be deducted from my final paycheck.
otal Repayment Amount: \$	
Amount to be Deducted per Pay	Period: \$
Date Deductions Start:	
Date of Final Deduction (if neces	ssary):
Employee Signature:	Date:
Supervisor's Signature:	Date:
	Date Received: