

Phone: 480.429.8098

## **Payroll Deduction Authorization**

Please complete and return to your Payroll Specialist

| •   | eductions only, such as loans<br>his form for one-time deducti |                           |                |
|---|--|---------------------------|----------------|
| Company Name:   |  |                           |                |
| Employee Name:  |  |                           |                |
| Social Security #:  | Date of first deduction:                                       |                           |                |
| How would you like this d   | eduction coded?  |                           |                |
| ☐ Payroll deduction   | ☐ Loan deduction   | Advance                   | Other:         |
| I authorize National PEO to   | deduct \$  | per pay period until a to | otal of \$ has |
| been deducted. This money will be remitted back to my worksite employer each pay period. I understand that if I leave employment or am terminated prior to the total amount being withheld, the total amount owed will be |  |                           |                |
| withheld out of my final paycheck.  |  |                           |                |
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|   |  |                           |                |
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|   |  |                           |                |
|   |  |                           |                |
|   |  |                           |                |
| Employee Signature:   |  |                           | Date:          |
| Supervisor Signature:   |  |                           | Date:          |
|   |  |                           |                |
|   |  |                           |                |
|   |  |                           |                |
|   |  |                           |                |

Fax: 480.945.1525

www.nationalpeo.com