

MISCELLANEOUS EMPLOYEE PAYROLL DEDUCTION

PAYROLL AUTHORIZATION FORM

Complete your 1) employee information, 2) deduction amount, 3) sign and date at the bottom and return this form to your payroll contact.

1) Complete your employee information. (Please Print)	
Employee NameSocial Security Numb	oer_XXXXX
Employer / Client Name	
2) Amount to be deducted and credited to client on payroll invoice. (Please Print)	
Reason for advance:	
	·
Amount to deduct per paycheck \$Total Amount to be repaid \$	-
Payroll deductions will begin on the first scheduled payroll after receipt of this form. Pay period beginning date	
Acknowledgement of advance and deduction amounts have been reviewed and agreed to.	
Employer / Client Signature	
Printed Name and Title	
3) Sign, date, and return the completed authorization form to your payroll contact.	
I authorize Employers Resource to deduct the stated amount per paycheck until the total amount is collected. status changes (including termination of employment) during the deduction repayment period, I hereby authorized deduct the remaining balance due from my final paycheck and/or pending reimbursements. In the event the to satisfied, I understand that this is a legally binding agreement and any balance is due immediately to my employments.	ze Employers Resource to otal amount cannot be
Employee Signature	_Date/