



## PAYROLL DEDUCTION

**Client Name:** \_\_\_\_\_

**Client No.** \_\_\_\_\_

**FOR EMPLOYEE:** FILL IN APPROPRIATE BLANKS AND THEN SIGN AND DATE AT THE BOTTOM.

Employee name: \_\_\_\_\_  
Please Print

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I HEREBY AUTHORIZE THE FOLLOWING DEDUCTIONS FROM MY PAYCHECK, AN AMOUNT NOT TO EXCEED \$ \_\_\_\_\_ FROM PAY PERIOD, FOR ANY OF THE FOLLOWING DEDUCTIONS:

<i>TOOLS GAS</i>	<i>ADVANCES PURCHACES</i>	<i>FOOD UNIFORMS</i>	<i>MISCELLANEOUS CHECK STOP PAYMENT FEE</i>
TYPE OF DEDUCTION	AMOUNT PER PAY PERIOD	START DATE	TOTAL DUE (If Applicable)
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

COMPLETE THIS SECTION TO AUTHORIZE A **FIXED AMOUNT** DEDUCTION OR A DEDUCTION WITH A **MAXIMUM AMOUNT** SUCH AS A LOAN.

TYPE OF DEDUCTION	AMOUNT PER PAY PERIOD	START DATE	TOTAL DUE (If Applicable)
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**One-Time Only Deduction**

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**On-Going Deduction (i.e. savings plans, uniforms, etc.)**

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Upon the conclusion of my employment relationship, I authorize my employer to deduct from my final paycheck any unpaid balance I owe. Also, I grant my employer 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.

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date