

## WAGE DEDUCTION AUTHORIZATION

PLEASE PRINT AND FAX TO: 866-365-1606

**PLEASE PRINT CLEARLY**

**COMPANY NAME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

**1 INSTRUCTIONS**

MARK ALL APPROPRIATE  'S. *Please include all documents that pertain to this Deduction.*

**2 COMPANY PAYROLL CYCLE:**

WEEKLY       BI- WEEKLY       SEMI-MONTHLY       OTHER

**3 REQUESTED CHANGE:**

In addition to any benefits that are deducted pre-tax, the following items are to be deducted post-tax unless it is marked pre-tax:

Frequency of deduction :  Ongoing       One Time       Until Paid in full       Stop Deduction

( Must be completed by Client: )

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	TOTAL AMOUNT		DEDUCTION PER PAYCYCLE	START DATE	END DATE
<input type="checkbox"/>	\$ _____	Employee Loans (Total Due: _____)	\$ _____	_____	_____
<input type="checkbox"/>	\$ _____	Other /Misc. _____	\$ _____	_____	_____
<input type="checkbox"/>	\$ _____	Uniforms _____	\$ _____	_____	_____
<input type="checkbox"/>	\$ _____	<b>Medical</b> _____ <b>PRE-TAX</b> <input type="checkbox"/>	\$ _____	_____	_____
<input type="checkbox"/>	\$ _____	Dental _____ <b>PRE-TAX</b> <input type="checkbox"/>	\$ _____	_____	_____

I hereby authorize the Company to deduct the above amount(s) immediately from my pay and continue until obligation is paid in full. In the event of my separation from the Company, my signature below authorizes the Company to deduct (in full amount) any outstanding pay advance or loan previously granted to me from my final paycheck as permitted by law.

**4 REQUESTED CHANGE:**

Employee Signature:		Date:	
Remarks:			