



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 Name _____ Social Security Number XXX - XX - _____

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 _____ Date ____/____/____

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. In the event my employment status changes (including termination of employment) during the deduction repayment period, I hereby authorize Employers Resource to deduct the remaining balance due from my final paycheck and/or pending reimbursements. In the event the total amount cannot be satisfied, I understand that this is a legally binding agreement and any balance is due immediately to my employer / client of Employers Resource.

Employee Signature _____ Date ____/____/____