

1. Employee Information
Employee NameSocial Security Number XXX-XX-
Employer/Client Name
2. Amount to be deducted and credited to client on payroll invoice
Reason for Advance and/or Deduction:
Other Reason:
Amount to deduct per pay period \$ Total Amount to be repaid: \$
I acknowledge I have reviewed the amounts of this advance and/or deduction.
Employer/Client Signature Date:
Name and Title
3. Employee Signature
3. Employee Signature
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 where allowed by state law. In the event the total amount cannot be satisfied, I understand this is a legally binding agreement and any balance is due immediately to my Employer, a client of Employers Resource.
Employee Signature: Date:
Payroll deductions will begin on the first scheduled payroll after receipt of this form. Return completed form to your payroll contact.