



Payroll Deduction Authorization

This form is used to indicate employee deductions for various benefits that will be credited back to the client each pay period. If the client offers an H.S.A plan, please complete the H.S.A Deduction Authorization form.

Complete Employee Information		
Employee Name: _____ Social Security #: XXX-XX - _____		
Employer / Client Name: _____		
Deduction	Deduction Amount	For Internal Use Only
SECTION 125		
Health Care FSA	\$ _____/Pay Period Annual Limit: \$ _____	Ded. Code - Pre-tax: _____
Dependent Care FSA	\$ _____/Pay Period Annual Limit \$ _____	Ded. Code - Pre-tax: _____
AFLAC	\$ _____ Client determines pre- or post-tax	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
401(k)	\$ _____ Curr. Year Total Contrib:\$ _____	Ded. Code - Pre-tax: _____
Roth 401(k)	\$ _____ Curr. Year Total Contrib:\$ _____	Ded. Code - Post-tax: _____
IRA	\$ _____	Ded. Code - Pre-tax: _____
Health (Medical)	\$ _____	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
Dental	\$ _____	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
Vision	\$ _____	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
Life Insurance	\$ _____ Client determines pre- or post-tax	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
Other: _____	\$ _____	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
Other: _____	\$ _____	Ded. Code - Pre-tax: _____ Ded. Code - Post-tax: _____
Sign, date and return completed authorization form to your payroll contact.		
I authorize Employers Resource to make the payroll deductions indicated above from each paycheck to be credited on the client payroll invoice. In the event my employment status changes (including termination of employment) any amount owed will be collected.		
Employee Signature _____		Date _____