DSK

PROFESSIONAL EMPLOYER ORGANIZATION

Payroll Deduction Authorization Form

Employee Name _____

SSN _____ Date _____

Client Company _____

I, _____ hereby authorize you to deduct from my paycheck each pay period the amount shown on this form for the following purpose.

___ Credit Union
___ Vision Insurance
___ Advance Payback
___ Medical
___ Other _____

___ Loan
___ Uniform
___ 401K Plan
___ Dental
___ Tools

Amount deducted each pay check $ _____

% _____
Gross/ Net wages/RPH (please circle)

___ Onetime deduction?
___ On-going each pay period?

Date deduction is to start ___/___/___ Date deduction is to stop ___/___/___

X_____
Employee Signature