



## PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

### This section is to be completed by the worksite employer only.

Deductions are made in accordance with the FLSA, IRS Section 125 and applicable Federal or State regulations.

Paycheck Deduction Start Date: \_\_\_\_\_

Purpose	Amount Per Pay Period	Purpose	Amount Per Pay Period
Uniform		401K Specify % or Flat Amount	
Tool		401K Catchup Specify % or Flat Amount	
Meal		401K Loan Total \$ _____	
Cell Phone		Roth IRA Specify % or Flat Amount	
Client Sponsored Insurance (Medical)		Roth IRA Catchup Specify % or Flat Amount	
Client Sponsored Insurance (Vision)		Roth IRA Loan Total \$ _____	
Client Sponsored Insurance (Dental)		Employee Loan Total \$ _____	
Client Sponsored Insurance (Specify Type)		Deduction w/Limit Total \$ _____ Purpose: _____	
Client Sponsored Insurance (Specify Type)		Other (Specify Type)	
Other (Specify Type)		Other (Specify Type)	

Paycheck deduction frequency OTHER than per pay period Frequency: \_\_\_\_\_

### This section to be completed by the employee

1. I authorize my employer to deduct from my paycheck the amount as indicated above.
2. I agree that my employer may deduct the unpaid balance if the employment relationship ends before total repayment occurs.
3. I agree that I will repay my employer any remaining balance owed, within 30 days after my employment ends, if I have an unpaid balance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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