

Payroll Deduction Authorization Form



General Information

Date:

Client Name:

Client Number:

Employee Name:

Employee Number:

I, _____, hereby authorize National PEO to make deductions from my paycheck as stated below. In the event of termination of my employment, I understand that the entire amount immediately becomes due and payable and will be deducted from my final paycheck.

Deduction Information

Total Repayment Amount: \$

Reason for Loan or Deduction:

Amount to be Deducted per Pay Period: \$

Date Deductions Start:

Date of Final Deduction (if necessary):

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Date Received: _____