

Employee Payroll Deduction/Cancellation Form

Please Complete and Fax or Mail to Payroll USA, Inc. at 941/727-1039 As Soon As Possible To Ensure Proper Documentation.

Employee Name	_____	_____	SS# or EE # _____
	Last	First	Middle Initial
Client Name	_____		Client # _____

****NO DEDUCTION ALLOWED UNLESS FORM IS SIGNED BY EMPLOYEE ACCEPTING PAYROLL DEDUCTION.***

Deduction Authorization

Payroll Deduction:

Type	Start Date	\$ To Deduct Per Pay Period	Total Amount
<u>Advance or Loan</u>	_ / _ / _	_____	_____
_____	_ / _ / _	_____	_____
_____	_ / _ / _	_____	_____
_____	_ / _ / _	_____	_____
_____	_ / _ / _	_____	_____

I agree that this deduction(s) is to be withheld from my paycheck until paid in full.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____

Cancellation Authorization

I hereby authorize Payroll USA to cancel the deduction from my paycheck for the purpose of: _____

Deduction cancellation date: _____ / _____ / _____

Employee Signature: _____ **Date** _____