



AUTHORIZATION FOR PAYROLL DEDUCTION

Client Name: _____

Client Representative: _____

FOR EMPLOYEE: Fill in appropriate blanks and sign and date at bottom.

Employee Name: _____ Social Security #: _____
 (Please Print)

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT AN AMOUNT NOT TO EXCEED \$ _____ FROM PAY PERIOD TO PAY PERIOD, FOR ANY OF THE FOLLOWING ITEMS: (CHECK ONE)

- Advances*
 Auto Insurance
 Check Stop Fee
 Equipment
 Food
 Gas
 Miscellaneous
 Purchases
 Rent
 Uniforms

<u>DEDUCTION DESCRIPTION</u>	<u>AMOUNT PER PAY PERIOD</u>	<u>DEDUCTION START DATE</u>	<u>TOTAL AMOUNT DUE</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

ONE-TIME ONLY DEDUCTION? YES NO ON-GOING DEDUCTION? YES NO

I acknowledge the receipt of advanced funds and/or company property from my employer. I understand that any company-issued equipment is for the sole purpose of performing my job duties and may not be used for my personal benefit. These items remain the sole property of my employer and upon termination of my employment or at the request of my employer; I am required to return the property. If I fail to repay the advance or loan, fail to return company-issued property, or the property is damaged when returned, I hereby authorize my employer or a representative of my employer to deduct the outstanding balance of the advance or loan or value of the property from my paycheck to the extent permitted by law.

BOTH EMPLOYEE AND CLIENT REPRESENTATIVE MUST SIGN IN ORDER FOR DEDUCTION TO PROCEED.

Employee's Signature: _____ Date: _____

Client Rep.'s Signature: _____ Date: _____

Client: Please email to lbradburn@azsbs.com before payroll due date. Keep copy for your records