



PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____

Social Security Number: _____

Work Site Employer Name: _____

I authorize DecisionHR to deduct \$ _____ per pay period until a total of

\$ _____ has been deducted for the following service (s):

This money will be remitted back to my worksite employer each pay period. I understand that if I leave employment prior to the total amount being withheld, the total amount owed will be withheld out of my final paycheck.

Required Employee Signature. If Submitted Electronically, a signed copy must be submitted with 24 hours.

Employee Signature

Date

Supervisor Signature

Date