



## Employee Payroll Deduction Authorization Form

Today's Date: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Effective Date of Deduction: \_\_\_\_\_

<i>Type of Deduction</i>	<i>Total Amount Requested</i>	<i>Deduction Amount Per Pay Period</i>
Employee Advances		
401(k) Loan		
Other _____		
Other _____		
Other _____		

I hereby authorize Kymberly Group Payroll Solutions, Inc. to make the above deductions from my paycheck. I understand and agree that any amount that is due and owing at the time of termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck. This authorizes my employer to retain the entire amount of my last paycheck in compliance with the law.

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

***Please return completed form to Kymberly Group Payroll Solutions, Inc. as soon as possible.***