



# ELITE PAYROLL SOLUTIONS

## Payroll Deduction Authorization

Please Type or Print

**Employee Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
(Last) (First) (MI)

**Client Company:** \_\_\_\_\_ **Client #:** \_\_\_\_\_

I, the above-named employee, hereby authorize my employer to deduct \$ \_\_\_\_\_  
from my paycheck to begin on check date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Total amount to be deducted (if predetermined):** \$ \_\_\_\_\_

I understand that this deduction will continue until further written notice is submitted to Elite Payroll Solutions or until the specific amount is paid in full. In the event of separation from our employment, any remaining balance owed will be deducted in whole or in part from subsequent paychecks. If balance owed exceeds the funds available, further action will be taken to collect the balance due where permitted by applicable law.

### The deducted amount is to be applied toward:

- Employee Uniforms and/or Cleaning
- Health Insurance - Pretax
- Health Insurance - Taxed
- Elite Payroll Solutions 401K
- 401K plan (Client Own Plan)
- Employee Vehicle Parking
- Charity Contribution \_\_\_\_\_
- Other \_\_\_\_\_
- Advance
- Elite Payroll Solutions Dental Insurance
- Dental Insurance (Client Own Plan)
- Phone Allowance
- Tools
- Company Purchase \_\_\_\_\_
- Other – Pretax \_\_\_\_\_
- Other – Taxed \_\_\_\_\_

\*NOTE: This form is only for the authorization of deductions. Actual enrollment forms must be submitted to the appropriate benefit coordinator

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

### FOR ELITE PAYROLL SOLUTIONS USE ONLY

Date form received: \_\_\_\_\_ Form received by: \_\_\_\_\_

Date form processed: \_\_\_\_\_ Form processed by: \_\_\_\_\_