

## Employee Payroll Deduction/Cancellation Form

**Please Complete and Fax or Mail to Payroll USA, Inc. at 866/ 358-6834 As Soon As Possible To Ensure Proper Documentation.**

<b>Employee Name</b>	_____	_____	SS# or EE # _____
	Last	First	Middle Initial
<b>Client Name</b>	_____		Client # _____

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

### Deduction Authorization

***Payroll Deduction:***

<b>Type</b>	<b>Start Date</b>	<b>\$ To Deduct Per Pay Period</b>	<b>Total Amount</b>
<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** \_\_\_\_\_