



2739 U.S. Hwy 19 N
 Benefits Department
 Holiday, FL 34691
 1-727-938-5562 Benefits Direct Line 1-866-809-3339
Benefits Fax # 1- 727 938-5682

Benefits Payroll Deduction Authorization

Name: _____ Social Security#: _____

Client's Name: _____ Contact Person: _____

Insurance Company Name	Type of Deduction (Health, Dental etc.)
Payroll Commencement Date	Amount of Deduction per Pay Period
	Pre Tax Amount:
	Post Tax Amount:
	Total Amount of Deduction \$

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	Pre Tax Amount:
	Post Tax Amount:
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I hereby authorize SouthEast Personnel, Inc. (SPLI) to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I further understand and agree that deductions will be made after any federal or state requirements as well as for any SPLI or _____ (client name) programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Signature: _____ Date: ____/____/____