

Payroll Deduction Authorization



Name: _____ Soc Sec #: _____ - _____ - _____

Client Company: _____

Type of Deduction (ie: uniform, loan, advance, etc.)	Payroll Commencement Date _____/_____/_____
Total Amount of Deduction \$	Amount of Deduction per Pay Period \$

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Total Amount of Deduction \$	Amount of Deduction per Pay Period \$

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Total Amount of Deduction \$	Amount of Deduction per Pay Period \$

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: ____/____/____