

ENTERPRISE HR

AND AFFILIATES

PAYROLL DEDUCTION AUTHORIZATION

Employee Name _____
(Last) (First) (Middle Int.)

Social Security #: ____/____/____ Client Company: _____

Deduction is:

☐ Starting ☐ Ending

Pay date effective:

____/____/____

Deduction Type

☐ Permanent ☐ Temporary

If temporary, list TOTAL amount of deduction:

\$ _____

Reason for deduction, amount per pay period, and whether deduction is pre-tax or post-tax:

	Pre	Post		
Health \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	EE Loan	\$ _____
Dental \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Telephone	\$ _____
Life \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tools	\$ _____
Vision \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Uniforms	\$ _____
Other (type) _____				\$ _____

**PLEASE ATTACH ALL SUPPORTING PAPERWORK IF APPLICABLE
THIS INCLUDES ALL DOCUMENTS FOR ANY PRE-TAX PLANS**

I, the above named employee, authorize Enterprise HR and affiliates to deduct from my paycheck the above listed amounts. The deduction will begin at the above stated date and end when: 1. I submit written notification to Enterprise HR and affiliates, or 2. When I pay the amount in full (for temporary deductions), or 3. When I have separated from service.

EMPLOYEE SIGNATURE: _____ DATE: _____

CLIENT SIGNATURE: _____ DATE: _____