

EMPLOYEE PAYROLL DEDUCTION AGREEMENT

EMPLOYEE INFORMATION (Complete all fields.)

Employee Name: First Middle Last	Last 4 Digits of Soc. Sec. No.:
Effective Date:	Client Company Name: Client No.:

I, _____, approve for Employer Flexible to make deductions as indicated below from my wages/salary payable each pay period.

I also agree that if I terminate employment prior to my final payment for this expense, I authorize Employer Flexible to deduct any unpaid expense amount from any wages/salary owed to me at the time of termination of employment.

Deduction Reason	Check one	Effective Date (Beginning Pay Period) mm/dd/yyyy	Amount deducted per pay period \$ or %	Total Amount to be deducted
401K Plan (not administered by employer flexible)	<input type="radio"/> New <input type="radio"/> Change			\$.
ROTH Plan (not administered by employer flexible)	<input type="radio"/> New <input type="radio"/> Change			\$.
Payroll Advanced that was paid through Employer Flexible	<input type="radio"/> New <input type="radio"/> Change			\$.
Payroll Advanced that was NOT paid through Employer Flexible	<input type="radio"/> New <input type="radio"/> Change			\$.
Employee Deduction for:	<input type="radio"/> New <input type="radio"/> Change			\$.
Employee Deduction for:	<input type="radio"/> New <input type="radio"/> Change			\$.

Changes To The Above Deduction Directions Must Be Submitted On A New Form.

Employee Deductions That Stop Must Be Initialed By A Supervisor.

Approved by:

Employee Signature

Date

Supervisor/ HR Rep Signature

Date

Payroll Entry

Date

Please keep a copy of this document for your records.