



Payroll Deduction Authorization Per Pay Period

1. Complete Employee Information		
Employee Name _____		
Social Security # XXX-XX-_____		
Employer / Client Name _____		
2. Deductions	Deduction Amount	For Internal Use Only
Flex Spending Account (Section 125)	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
AFLAC	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
401(k)	\$ _____	Ded. Code _____
IRA	\$ _____	Ded. Code _____
Health	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
Dental	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
Life Insurance	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
Other _____	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
Other _____	\$ _____	Ded. Code – Pre-tax: _____ Ded Code – Post-tax: _____
3. Sign, date and return completed authorization form to your payroll contact.		
I authorize Professional Employer Services to make the following payroll deductions from each paycheck to be credited on the client payroll invoice. In the event my employment status changes (including termination of employment) any amount owed will be collected.		
Employee Signature _____ Date ____/____/____		