



SAVINGS CLUBS PAYROLL AUTHORIZATION FORM

1) Employee Information. (Please Print)

Employee Name _____ Social Security Number ____ - ____ - _____

Employer / Client Name _____

- Start saving now for vacation and / or Christmas and earn interest on your savings! The Simple Interest Rate is determined at the beginning of each plan year. You can participate in one or both of the savings clubs.
 - You can start, change, stop, or withdraw from the Savings Club at any time.
 - Scheduled distribution date for your vacation savings will occur in May before Memorial Day.
 - Scheduled distribution date for your Christmas savings will occur in November before Thanksgiving.
- The simple interest earned is calculated on your average savings balance in the plan year. The interest rate is subject to change each plan year.
- You will automatically be issued the money in the manner your normal wages are paid and will include your savings and interest earned after the end of the plan year.
 - The plan year for the Vacation Savings Club is May 1 - April 30.
 - The plan year for the Christmas Savings Club is November 1 – October 31.
- Savings plan deductions will be shown on your check stub. Any authorized deduction changes will begin on the first regularly scheduled payroll after receipt of this signed form by Employers Resource.
- If you leave your employment you will receive your savings club account balance in the form you receive your normal wages. No administration processing fee will be deducted.
- All withdrawals will be processed in the form your normal wages are paid and you forfeit all interest on your funds.

2) VACATION SAVINGS CLUB - Make elections below

2) CHRISTMAS SAVINGS CLUB - Make elections below

<input type="checkbox"/> Start or change my deduction to \$_____ each pay period.	<input type="checkbox"/> Start or change my deduction to \$_____ each pay period.
<input type="checkbox"/> Stop my Vacation Savings Club deduction immediately.	<input type="checkbox"/> Stop my Christmas Savings Club deduction immediately.
<input type="checkbox"/> Withdraw \$_____ or <input type="checkbox"/> Withdraw my full balance.	<input type="checkbox"/> Withdraw \$_____ or <input type="checkbox"/> Withdraw my full balance.

If the form you normally receive wages is a check, how would you like the withdrawal check delivered?

Withdraw Check Delivery Method: Regular mail _____ Address
 Or FedEx _____ City, State, ZIP
 (_____) _____ -- _____ Telephone (Must be included if requesting FedEx)

If elected, I authorize the FedEx standard overnight shipping charge to be deducted from my savings club withdrawal check. Withdraw requests will be processed within 10 business days after receipt of this form by Employers Resource. I understand by requesting an early withdrawal, I forfeit ALL interest on my savings for the entire plan year. An administration processing fee of \$5 will be deducted from my early withdrawal check.

3) Sign, date, and return the completed authorization form to your payroll contact.

I understand the Savings Plan guidelines and authorize Professional Employer Services to withhold all deductions, administration processing fees, and delivery fees elected from my check.

Signature _____ Date ____ / ____ / ____