



Employee Payroll Deduction

Company: _____ Client ID: _____

Employee Name: _____ Social Security Number _____

THIS FORM MUST BE COMPLETED, SIGNED BY THE EMPLOYEE AND SUBMITTED TO FLORIDA RESOURCE MANAGEMENT BEFORE THE PAYROLL DEDUCTION CAN BE PROCESSED.

Deduction Type:

- Advance
- Loan
- Savings Club
- Other : _____

Effective Date: _____ Amount to be deducted per payroll period: \$ _____

If applicable, please specify the beginning balance owed: _____

I authorize my worksite employer and Florida Resource Management to withhold this deduction from my paycheck every pay period until paid in full. I understand that if my employment is terminated the remaining amount will be due in full.

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____