



FLORIDA  
RESOURCE  
MANAGEMENT

**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
- 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: \_\_\_\_\_