



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Employee Information

Employee Name _____ Social Security Number _____

Employer/Client Name _____

NOTE: THIS FORM MUST BE COMPLETED, SIGNED BY THE EMPLOYEE AND SUBMITTED TO CONGRUITY HR 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 Congruity HR 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.

Signature

Company Representative / Supervisor

Today's Date