



Payroll Deduction Authorization

Please complete and return to your payroll specialist

This form is for recurring deductions only such as loans or advances that will be paid back over a period of time. Please do not use this form for one-time deductions or any type of insurance deductions.

Employer name: _____

Employee name: _____

Employee SS#: _____ **Date of first deduction:** _____

How would you like this deduction coded?

Payroll deduction Loan deduction Advance Other: _____

I authorize ProPay to deduct \$ _____ per pay period until a total of \$ _____ has been deducted. This money will be remitted back to my worksite employer each pay period. I understand that if I leave employment or am terminated prior to the total amount being withheld, the total amount owed will be withheld out of my final paycheck.

Employee Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____