



2101 North 9th Avenue
Pensacola, FL 32503
Phone (850) 434-6708 - Fax (850) 432-5724

Payroll Deduction Authorization

I _____ hereby authorize Allstaff Payroll, Inc to deduct \$ _____*
Employee Name

for _____ out of my paycheck.
Description of deduction

Upon termination I authorize Allstaff Payroll, Inc. to deduct any remaining balance due from my last payroll check.

Employee Signature

Date

*
Start Date: _____
Total Amount Due: \$ _____

Deduct Full Amount

Deduct \$ _____ every pay period