



1110 N. Center Parkway, Suite B
Kennewick, WA 99336
Phone: (509) 735-1143
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**EMPLOYEE AUTHORIZATION/REQUEST
FOR PAYROLL DEDUCTIONS**

| Employee Name | Company |
|----------------------|----------------|
|----------------------|----------------|

DATE: _____

I hereby authorize **PAY PLUS BENEFITS, INC.** to deduct from my paycheck the amount stated below for the purposes indicated and for the starting pay period date shown:

ONE TIME ONLY? Yes No (Circle One)

If No: Amount per check: \$ _____ **If Yes: Amount: \$** _____

Number of Pay Periods: _____ **Pay Date:** _____

Starting Pay Date: _____

Total Deduction: \$ _____

FOR THE PURPOSES OF _____

**** Use this form for payroll advance and repayment, special insurance deductions, loans, tools, and any miscellaneous deductions (with explanations and appropriate invoices, etc.).**

Employee Signature

Supervisor Signature

INSTRUCTIONS TO PAY PLUS BENEFITS, INC. FROM SUBSCRIBER: CREDIT TO SUBSCRIBER ON INVOICE? YES OR NO