



1110 N. Center Pkwy. Suite B
Kennewick, WA 99336
Phone: (509) 735-1143
Toll Free: (888) 531-5781
Fax To: (509) 735-7668

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? NO YES (Circle One)

If NO:

Amount per check: \$ _____

Number of Pay Periods: _____

Starting Pay Date: _____

Total Deduction: \$ _____

If YES:

Amount: \$ _____

Pay Date: _____

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