



**PAYROLL DEDUCTION AUTHORIZATION FORM
Personal & Confidential**

Employee Name	Employee SS #	Payroll Commencement Date
Client Name	Client Location	Est. Loan Repayment Date (If app.)

Deduction:	Type: (check one)	Total Request Amount:	Deduction Amount <u>Per Pay Period</u>
------------	----------------------	--------------------------	---

Uniforms	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Phone/Equipment	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Loan 1	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Loan 2	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Advances	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Insurance (Client Sponsored only) (list deduction)	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
401k/401k catch up (Client Sponsored only) (list deduction)	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Other (list deduction)	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Other (list deduction)	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		
Other (list deduction)	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		

I hereby authorize Strategic Outsourcing, Inc. (SOI) to make the above deductions from my pay in accordance with the above terms. I understand that I am responsible for the satisfaction of above.

Employee Signature

Date