



## DEDUCTION FORM

DATE: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_

FROM: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ SSN \_\_\_\_\_

Signature: \_\_\_\_\_

Uniform Deduction: \_\_\_\_\_

Credit Union Deduction: \_\_\_\_\_

Insurance Deduction: \_\_\_\_\_

Miscellaneous Deduction: \_\_\_\_\_

Total of Loan: \_\_\_\_\_ How much per week: \_\_\_\_\_

Advances: \_\_\_\_\_

Any outstanding debt due at the time of termination may be deducted from your last paycheck subject to State and Federal laws. Please initial \_\_\_\_\_.