FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Deduction Authorization

Employer Information
Client Number:
Client Name:

Employee Information
Employee Name:
Social Security Number:

Type of Deduction

- ☐ Wage Advance
- ☐ Tools
- ☐ Meal
- ☐ Uniforms
- ☐ Nametag
- ☐ Shortage
- ☐ Phone
- ☐ Other_____

_____

_____

Deduction Information

Start Date:_____

Amount of Deduction: $_____

Total Amount Due: $_____

Frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

Notes (if applicable):_____

Employee Deduction Authorization

I hereby authorize First Financial Employee Leasing, Inc. to deduct the above amount from my net pay each pay period until my obligation has been fulfilled. Upon conclusion of my employment, I authorize my employer to deduct any unpaid balance that I may owe from my final paycheck. I understand that if the amount of my paycheck is not sufficient to cover the balance owed that I will be liable for repayment of the remaining balance immediately.

Employee Signature_____**Date**_____

Supervisor Signature_____ **Date**_____

FFEL USE ONLY	
Received by:	Processed by:
Date:	Date: