



Odyssey Associates

PAYROLL DEDUCTION AUTHORIZATION

Client: _____

Employee #: _____

Employee Name/Printed

Social Security Number

I specifically authorize TRI-ODYSSEY PEO, INC. to make a deduction from my wages for any of the following charges. Unless specified below, deductions may be made to cover any of the items listed in specified amount, over one or more pay periods as indicated.

Health Insurance

Life Insurance

Dental Insurance

AD&D Insurance

Vision Insurance

AFLAC Insurance

Deferrals to Personal IRA's

Tools or Safety Equipment

Uniforms/Boots

Wage/Expense Advances

Unreturned Company Property

Uncollected Benefits Payments

Simple IRA

Other _____

These deductions will remain in effect until I, the employee, have paid the total(s) below in full.

Deductions are to be made in the following manner:

\$ _____ For _____ Pay Period(s) Total \$ _____

\$ _____ For _____ Pay Period(s) Total \$ _____

\$ _____ Other: _____

Employee Signature

Dated