

We Deliver the Best People
With the Best Service
Always at the Lowest Rates

Mailing Authorization / Payroll Deduction Authorization

I, the undersigned, hereby authorize the Employer to deduct from my pay the amount of my contributions to the following retirement plan(s) and to remit the same to the plan administrator(s) for my account. I understand that my contributions will be deducted from my pay on a pre-tax basis. I understand that my contributions will be deducted from my pay on a pre-tax basis.

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Payroll Account	_____
Company Name	_____
City/State/Zip	_____
Phone Number	_____
Home Address	_____
Zip Code	_____

I understand that my contributions will be deducted from my pay on a pre-tax basis. I understand that my contributions will be deducted from my pay on a pre-tax basis.

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- I understand that my contributions will be deducted from my pay on a pre-tax basis.
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