



PAYROLL DEDUCTION AUTHORIZATION (PLEASE TYPE OR PRINT)

Employee Name: _____
(Last) (First) (MI)

Social Security No. _____ Client/Company Name _____

I, the above-named employee, hereby authorize CLEAR Employer Services and/or my worksite employer _____ to deduct \$ _____ from my paycheck each pay period until the full amount of \$ _____, has been paid.

Deductions will begin (fill in date): _____

I understand that this deduction will continue until further written notice is submitted to CLEAR Employer Services, LLC and/or my worksite employer or until the specific amount is paid in full. In the event of my separation from employment, any remaining balance I owe will be deducted in whole or in part from my final paycheck or subsequent payments payable to me, if any, to the extent permitted by applicable law. If the balance owed exceeds the funds available, I agree to immediately repay the balance. If I fail to do so, I understand that further action may be taken to recover such balance.

The deducted amount is to be applied toward:

- 401(k) Deduction
- Employee Uniforms and/or Cleaning
- Employee Vehicle Parking
- Employee Repayment of Arrears (for benefits) _____
- Charity Contribution to: _____
- Company Purchase of: _____
- Tools
- Advance/Loan for: _____

Employee's Signature _____ Date _____

Supervisor (print name) _____ Signature _____ Date _____

Submit Form Via email to payrollsupport@clearpeo.com or via Fax at 215-701-1922

FOR CLEAR OFFICE USE ONLY

Processed By: _____

Date Form Received: ____/____/____

