



## ACLINE HR

Employee Leasing the Way it Should Be...**SIMPLE SAFE SECURE**

### EMPLOYEE PAYROLL DEDUCTION FORM

Company Name:		Date:
Employee Name:		
Social Security Number:		
Deduction Amount:	\$	Per Pay Period: \$
Reason:		
I agree to allow Acline HR to deduct the above amount from my paycheck.		
Employee Signature Payroll Deduction Receipt		Date:
Supervisor's Signature		Date:

**Please return this form to:** ACLINE HR, 25074 Olympia Avenue, Suite 110, Punta Gorda, FL 33950

ACLINE HR

**Office:** 941 347 8625 | **Fax:** 941 347.8612 | [info@aclinehr.com](mailto:info@aclinehr.com) | [www.aclinehr.com](http://www.aclinehr.com)