

# AMS STAFF LEASING

## Employee Payroll Deduction/Cancellation Form

Client Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Helm ID#: \_\_\_\_\_

**Deductions are not authorized unless this form is signed by the employee accepting the payroll deduction(s).**

Payroll Deduction Type 1: 85-Advance _____ 31-Loan _____ 51-Tools _____ 24-Uniforms _____	
Other _____ (please explain) _____	
Start Date _____ / _____ / _____	Beginning Balance Owed: \$ _____ (If applicable)
Amount to Deduct Per Pay Period: \$ _____	
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Payroll Deduction Type 2:	
Major Medical _____	PRE-TAX _____ AFTER-TAX _____
Dental _____	PRE-TAX _____ AFTER-TAX _____
Vision _____	PRE-TAX _____ AFTER-TAX _____
AD&D _____	PRE-TAX _____ AFTER-TAX _____
AFLAC CANCER _____	PRE-TAX _____ AFTER-TAX _____
AFLAC ACCIDENT _____	PRE-TAX _____ AFTER-TAX _____
AFLAC LIFE _____	PRE-TAX _____ AFTER-TAX _____
AFLAC STD _____	PRE-TAX _____ AFTER-TAX _____
AFLAC ICU _____	PRE-TAX _____ AFTER-TAX _____
AFLAC DIS RIDER _____	PRE-TAX _____ AFTER-TAX _____
AFLAC DENTAL _____	PRE-TAX _____ AFTER-TAX _____
Start Date _____ / _____ / _____	
Please list amounts to deduct per pay period only. The requested start date is NOT guaranteed and is subject to the approval of each Insurance Company.	

*If additional deductions are required, please use a separate form.*

**I hereby authorize AMS Staff Leasing to withhold the deduction(s) indicated above from my paycheck(s) until paid in full; I understand that the benefits I select will remain in effect until cancelled/terminated by myself or my co-employer named above. If required contributions for the elected benefits/deductions are increased or decreased while this agreement remains in effect, my pay will automatically be adjusted to reflect such. In the event of employment termination, all funds due will be deducted from my last paycheck where possible. If additional money is owed, employee agrees to make the allotted payment(s) due immediately.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/HR Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Here\*: \_\_\_\_\_

**I hereby authorize AMS Staff Leasing to cancel the following deduction(s) from my paycheck: \_\_\_\_\_**

\_\_\_\_\_ Deduction cancellation date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/HR Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Here\*: \_\_\_\_\_