



Convergence Employee Leasing, Inc
9393-1 Mill Springs Drive
Jacksonville, FL 32257
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Deduction Agreement

Company/Client Name: _____

Employee Name: _____

Employee SSN: _____

Deduction for: _____

(example: Blue Cross Health Ins)

Fixed Amount: _____ Percentage: _____

Pre-Tax: _____ Post-Tax: _____ (check one)

The undersigned employee hereby agrees that the amount stated above will be withheld from his/her payroll check issued by Convergence Employee Leasing per pay period.

Employee Signature

Date