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[www.ConvergenceEmployeeLeasing.com](http://www.ConvergenceEmployeeLeasing.com)

## Payroll Deduction Agreement

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

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of Deduction <small>(IE Health Ins, Dental, Loan)</small>	Total Amount of Deduction <small>Enter Total Dollar Amount or if ongoing leave blank</small>	Amount or Percentage Per Pay Period	Pre-Tax	Post-Tax
			<small>(Select One)</small>	

I hereby authorize Convergence Employee Leasing, Inc. and my assigned client company to make the above deductions from my pay in accordance with the terms outlined in this agreement. I understand and agree that deductions will be made after any federal or state requirements, if applicable, as well as for any programs in which I have enrolled, for which I am eligible, or to which I have agreed. I understand that these deductions will commence following the acceptance by Convergence Employee Leasing, Inc. unless otherwise specified by my assigned client company.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date