



## Elite Payroll Deduction Authorization Form for Items Issued to Employees

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

Deduction  
Effective Date: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Item Issued	Deduction Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

I hereby authorize Elite Parking Services of America, Inc. (Elite) to make the above deductions from my pay in accordance with the above terms. I understand and agree that any amount that is due and/or owed at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck. This authorizes Elite to retain the entire amount of my last paycheck in compliance with the law. I further understand and agree that deductions will be made after any federal or state requirements.

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

Date: \_\_\_\_\_