



Payroll Deduction Authorization Form

Complete this form to initiate, terminate, or change a payroll deduction, and submit the completed form to your payroll administrator. A separate form must be completed for each deduction.

Employee Name: _____ Employee Username: _____

Work E-mail Address: _____ Work Telephone No.: _____

Check the appropriate box.

Initiate payroll deduction Terminate payroll deduction Change payroll deduction

1. I hereby authorize Omaha National Employer Services, LLC, on behalf of _____, hereafter called Company, to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate based on the box checked above.
2. I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in a pay period to cover this and all other required (e.g., taxes, garnishments including arrearage payments) deductions, and will not hold the Company liable for any deductions not made.
3. I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination, and will not hold the Company liable for any deductions made. It will be my responsibility to collect from any third-party organization any overpayment that may result. If an overpayment creates an out-of-balance with the Company, I hereby authorize the balance be remedied in future payrolls.
4. I understand that if I am changing a payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change, and will not hold the Company liable for any deductions. It will be my responsibility to collect from any third-party organization any overpayment or pay to the organization any short payment that may result. If an overpayment or underpayment creates an out-of-balance with the Company, I hereby authorize the balance be remedied in future payrolls.

Name of organization to receive the payroll deduction (a separate form must be completed for each organization): _____

Effective Date: _____

Deduction Code: _____

Dollar amount or percent to be deducted:

Each pay period: _____ End Date: _____

For changes only, current dollar amount or percent deducted each pay period: _____

One Time: _____

Employee Signature: _____ Date: _____