



Galactic Employer Services

In Birmingham: 322-2220 / Fax: 322-1118
Toll-Free: (800) 589-4015 / FAX: (877) 476-1118

Name of Client Company

***Please Print in Dark Ink**

Deduction Authorization Form

Store Location

Employee Name: _____

Social Security #: _____

Deduction Amount (per pay period) : _____

Total Amount (for collection) : _____

Start Date : _____

Length of Deduction: _____

Reason for Deduction : _____

Comments:

I hereby authorize Galactic Inc. to deduct the above amount from my paycheck ~

Employee Signature: _____

Supervisor Signature: _____